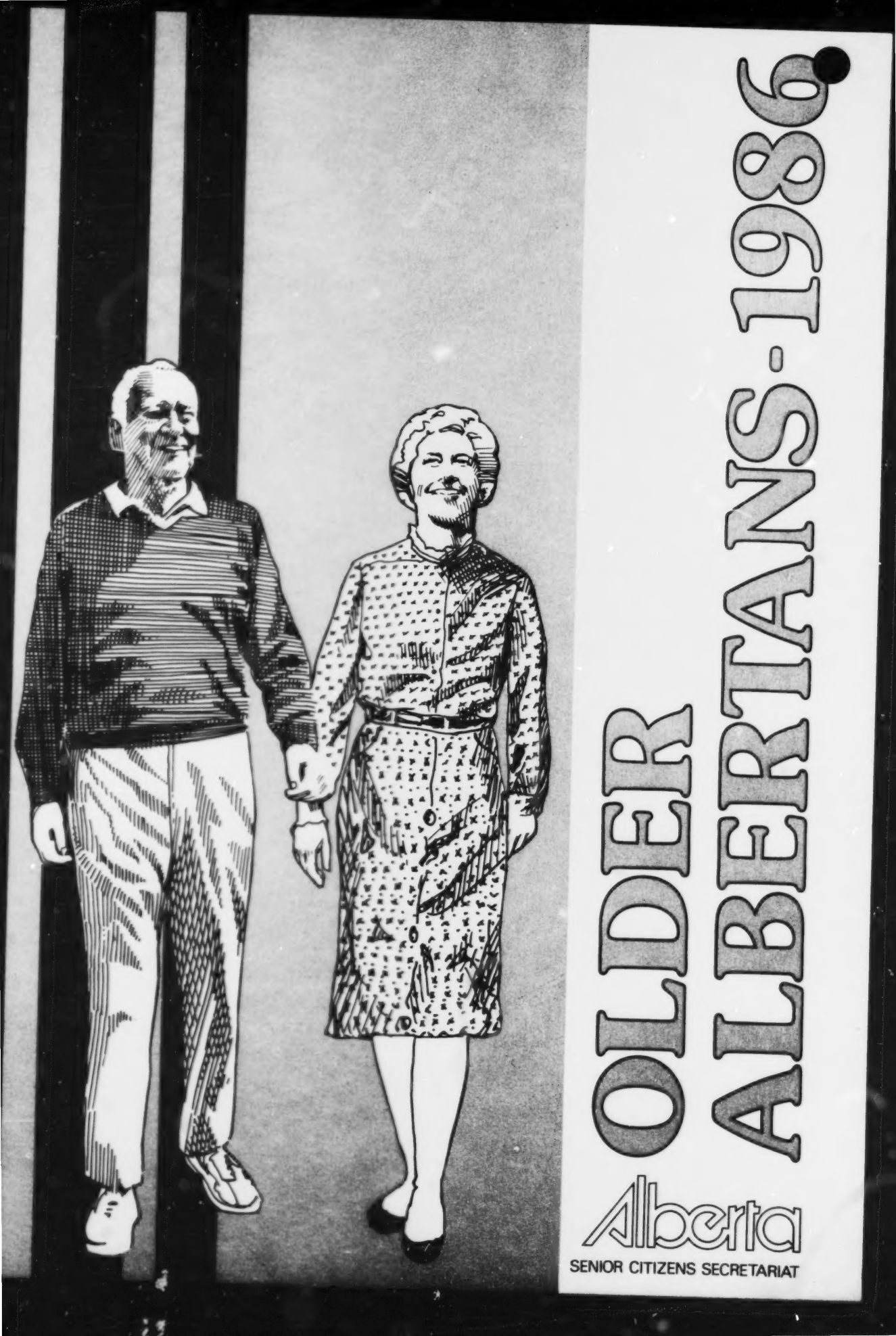

OLDER ALBERTANS - 1986

Alberta

SENIOR CITIZENS SECRETARIAT

87-04278/

LEGISLATIVE ASSEMBLY
ALBERTA

I am pleased to present this paper on Older Albertans prepared by the Senior Citizens Secretariat. It contains demographic information about our older citizens, their use of benefits and services and public expenditures. We hope you will find it helpful.

Yours very sincerely,

Harry E. Alger
M.L.A. Highwood
Chairman
Provincial Senior Citizens
Advisory Council and
Responsible for the Senior Citizens Secretariat

OLDER ALBERTANS, 1986

Senior Citizens Secretariat
1986

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Merva Cottle and Mary Engelmann

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INTRODUCTION

Purpose of Paper

The purpose of this paper is to provide current information about Alberta's population aged 65 and over. It also includes limited data on persons aged 55 to 64 years, in order to give some insight into the characteristics of those who will be seniors in the next ten years. The intention is to provide a descriptive overview rather than a detailed analysis of the data.

Organization and Content

Section I, Demographic Characteristics, presents current data on the older population and trends in the growth of this population over time. These and projected data were obtained primarily from the Alberta Bureau of Statistics, Statistics Canada and the 1981 Census of Canada. The 1981 Census data are based largely upon the CAG/ACG 2% Sample Tape of the Alberta population aged 55 and over prepared by the Canadian Association on Gerontology.[1]

Section II, Utilization of Programs/Services, presents information on the use of services by older persons and the public expenditures for such services. These data were obtained primarily from administrative and funding bodies. The latter information, together with the census data, provides a partial picture of the health, social and economic status of older people in Alberta.

The Senior Citizens Secretariat and the Provincial Senior Citizens Advisory Council, provincial government bodies which assist in the planning and coordination of services relevant to older people, are described in Section III as well as several province-wide organizations of older people and those working with older people.

Appendix A lists the programs relevant to seniors, according to the provincial departments responsible for them.

Appendix B provides information on the historical development of Alberta's benefits and programs for older persons, listing them in chronological order of establishment.

---

[1] Canadian Association on Gerontology/Association Canadienne de Gerontologie, CAG/ACG 2% Sample Tape of the Canadian Population Over the Age of 55 Years, 1985.

Background and Data Bases

This paper is an update of five earlier papers,[2] the first of which contained information from 1975/76. Data from the earlier papers are included in this edition to enable the reader to see trends and make comparisons.

In addition to the data bases used in the above papers, the CAG/ACG 2% Sample Tape of the 1981 Census of Canada, referred to above, has been used in the present study to provide information on a number of variables which help to characterize and describe older Albertans. These data are available by age group and sex for Alberta as a whole and for the two census metropolitan areas (CMAs: City of Calgary, City of Edmonton and surroundings), and the remainder of the province, termed "other areas."[3] Unfortunately, the census information on those seniors living in collective dwellings was obtained for only a few variables; these were age, sex, marital status and mother tongue. This limits the information available, especially for those 85 and over. For example, for data on the whole of Alberta, almost one-half of those in that age group lived in collective dwellings; for the age group 75-84 years, 14 percent were in collectives. Thus, these data must be used with caution, especially the data on the very old in the City of Calgary and the City of Edmonton and surroundings where the numbers in the sample are small.

---

[2] C. Cornell and M. Engelmann, "Older People in Alberta," Alberta Social Services and Community Health, Quarterly Statistical Review, January-March, 1975. This article contains 1975/76 information.

M. Engelmann, J. Howell, and N. Harper, "Profile of Older Persons in Alberta: Demographic Characteristics and Service Utilization," Alberta Social Services and Community Health, Quarterly Statistical Review, October-December, 1977. This article contains 1976/77 and 1977/78 information.

M. Engelmann and C. Stevenson, "Profile of Older Persons in Alberta: Demographic Characteristics and Service Utilization," Staff Working Paper #1, Alberta Social Services and Community Health, Research and Planning Division, 1980. This article contains 1978/79 information.

Senior Citizens Bureau, "Older Persons in Alberta: Their Use of Programs and Services." Edmonton: Alberta Social Services and Community Health, 1982 and paper of same title published in 1984.

[3] The Census Dictionary, Statistics Canada, Cat. No. 99-901, 1981, defines a CMA as "the main labour market area of an urbanized core (or continuously built-up area) having 100,000 or more population." CMAs are created by Statistics Canada and are usually known by the name of the urban area forming their urbanized core. They contain whole municipalities (or census subdivisions).

In Alberta the cities that satisfy these requirements are Calgary and Edmonton. The remainder of the province, designated here as "other areas," includes other urban centres and rural areas. Calgary CMA covers the City of Calgary. Edmonton CMA covers the City of Edmonton, Strathcona County, Fort Saskatchewan, St. Albert, Municipal District 90 (Sturgeon), Alexander Reserve (No. 134), Bon Accord, Gibbons, Legal, Morinville, and Redwater.

Data from the 1981 census are being used as release of the data from the 1986 census will not begin until April 1987; these data will be released gradually until some time in 1988.

Another limitation of the data base is in the utilization data of Section II. These data are collected in different ways by the different administrative bodies in charge of the various programs. This makes comparability and analysis difficult.[4]

Throughout this paper the terms "older persons," "senior citizens," and "elderly persons," are used interchangeably to refer to persons 65 years of age and over. Three sub-groups (65-74, 75-84, and 85 and over) are used, wherever possible, in presenting data.

General Comments

The basic rationale for using these three age groups is that, generally, there appear to be age-related differences in the older population. For example, those aged 75 and over, and in particular those aged 85 and over, appear to have more health problems and lower incomes.

However, it should be kept in mind that generalizations about the relative health status of the elderly based on age group need to be considered more carefully and probably refined. One study concluded, "the elderly are not a homogeneous subpopulation with a uniform set of needs that can be determined simply on the basis of age groups."[5] While such findings do not dispute the overall contention that age groupings are associated with differential health status, they do qualify it by pointing out that the magnitude of disadvantage may be less than expected.

There are great variations in interests and needs within our senior population. Because of these variations it is important that policies and programs provide choice and flexibility so that needs are adequately and appropriately met and older persons maintain, to the greatest extent possible, control over their own lives.

---

[4] Complete utilization data are not available from some services, for example, those services funded through Family and Community Support Services, Alberta Community and Occupational Health.

[5] B.P. Halbert and M.K. Zimmerman, "The Health Status of the 'Old-Old,' a Reconsideration," Social Science Medicine, 22:9, 1986, pp. 893-899.

I. DEMOGRAPHIC CHARACTERISTICS

Size and Growth of the Older Population
Numbers Increasing

In 1981 there were 2,360,985 persons aged 65 and over in Canada, three-fifths of whom were living in Ontario and Quebec. Alberta had 163,395 persons aged 65 and over, representing 6.9 percent of Canada's seniors and 7.3 percent of the total population of the province (2,237,725 persons).[6]

Alberta, in comparison to the rest of Canada, had a relatively low percentage of seniors in its population (Table I-1). Only the Yukon and the Northwest Territories had lower proportions.

TABLE I-1

PERSONS AGED 65 AND OVER, NUMBER AND PERCENTAGE OF TOTAL POPULATION, PROVINCES, TERRITORIES AND CANADA, 1981

	Total Population #	Population 65+ #	Distribution 65+ Canada %	Percentage 65+ Provinces %
Northwest Territories	45,740	1,320	.06	2.9
Yukon	23,150	735	.03	3.2
Alberta	2,237,725	163,395	6.9	7.3
Newfoundland	567,680	43,780	1.9	7.7
Quebec	6,438,400	569,380	24.1	8.8
New Brunswick	696,405	70,555	3.0	10.1
Ontario	8,625,110	868,195	36.8	10.1
British Columbia	2,744,470	298,175	12.6	10.9
Nova Scotia	847,445	92,560	3.9	10.9
Manitoba	1,026,245	121,830	5.2	11.9
Saskatchewan	968,310	116,170	4.9	12.0
Prince Edward Island	122,510	14,890	.6	12.2
Canada	24,343,180	2,360,985	100.0	9.7

Source: Statistics Canada, Cat. No. 92-901, September 1982.

It was estimated, in June 1, 1986, that the number of older persons in Alberta had grown to 194,000, and that these persons represented 8.1 percent of the total Alberta population (2,384,700). In part, this percentage in-

[6] Statistics Canada, Population, Age Sex, and Marital Status, 1981, Census of Canada, Ottawa, Cat. No. 92-901, Table 1, September 1982.

crease of recent years was due to the migration of younger persons from the province.[7]

The number of seniors has been increasing steadily and this trend is projected to continue (Figure I-1), with the growth rate of the senior population greater than that of the total population (Figures I-2 and I-3).

Two projections from the Alberta Bureau of Statistics are presented. Series I is based upon a low-growth assumption; Series II is based upon high-growth assumptions.

According to Series I, between 1981 and 2006 the total population could increase by 26 percent to 2.822 million and the senior population by 79 percent to 293,100. Based upon these estimates, seniors would then represent 10.4 percent of the total Alberta population. Series II suggests that the total population might grow by 35 percent to 3.016 million and the senior population by 80 percent to 294,400, with older people forming 9.8 percent of the Alberta population in the year 2006.[8]

Growth of the Population Aged 85 and Over
The Senior Population Itself is Aging

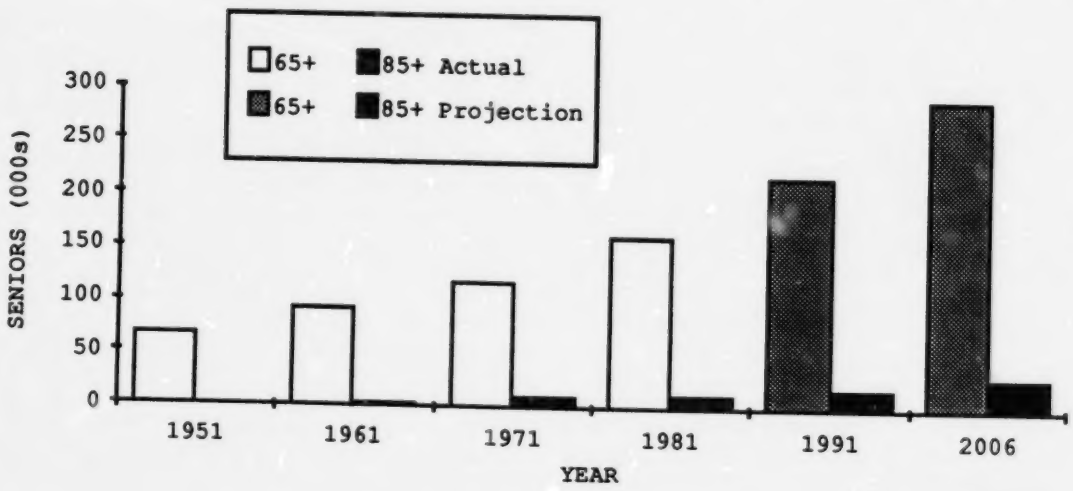
As shown in Table I-2, a greater increase is projected in the growth of the numbers of persons aged 85 and over. It is believed that this group in our population may increase by 116 percent (both Series) within the twenty-five-year period between 1981 and 2006. Persons aged 85 and over, who in 1981 were .6 percent of the total population and 9 percent of the senior population, may be 1.08 percent (Series I) or 1.01 percent (Series II) of all Albertans and 10.4 percent (estimate for both Series) of senior Albertans.

---

[7] Alberta Bureau of Statistics, Alberta Population Growth, Second Quarter, 1986, October.

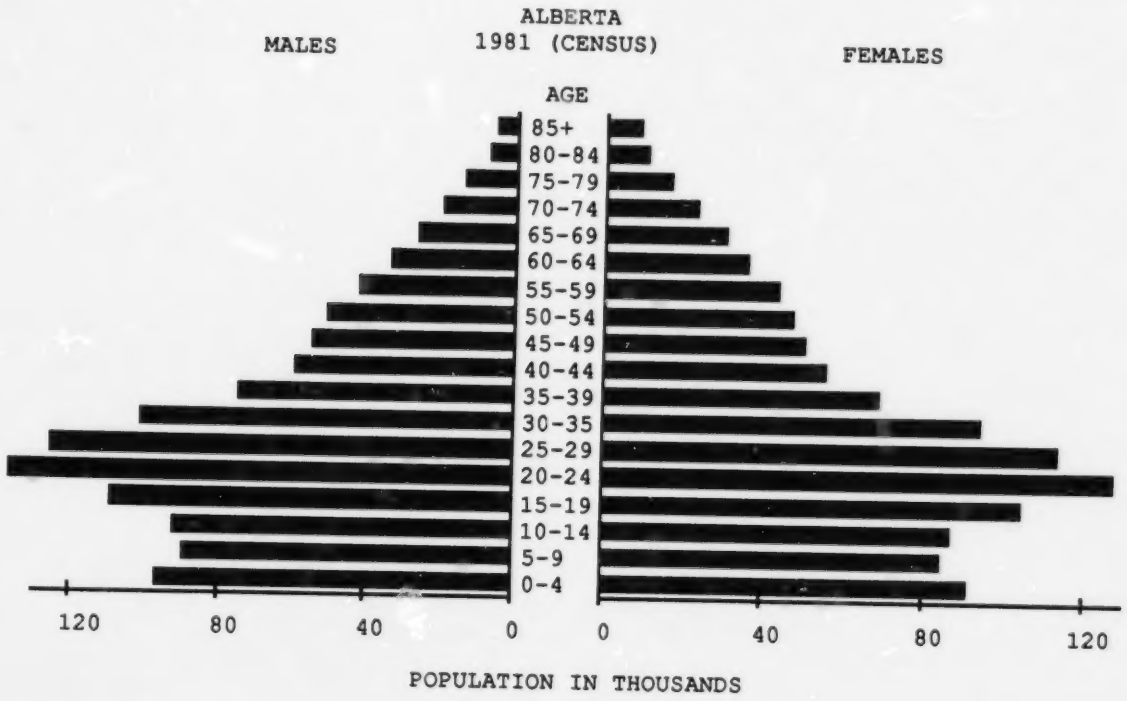
[8] Alberta Bureau of Statistics, Updated Projections, Released February 1987.

FIGURE I-1
ALBERTA'S SENIORS, 65+ AND 85+, 1951-1981
CENSUS FIGURES; 1991-2006, PROJECTED



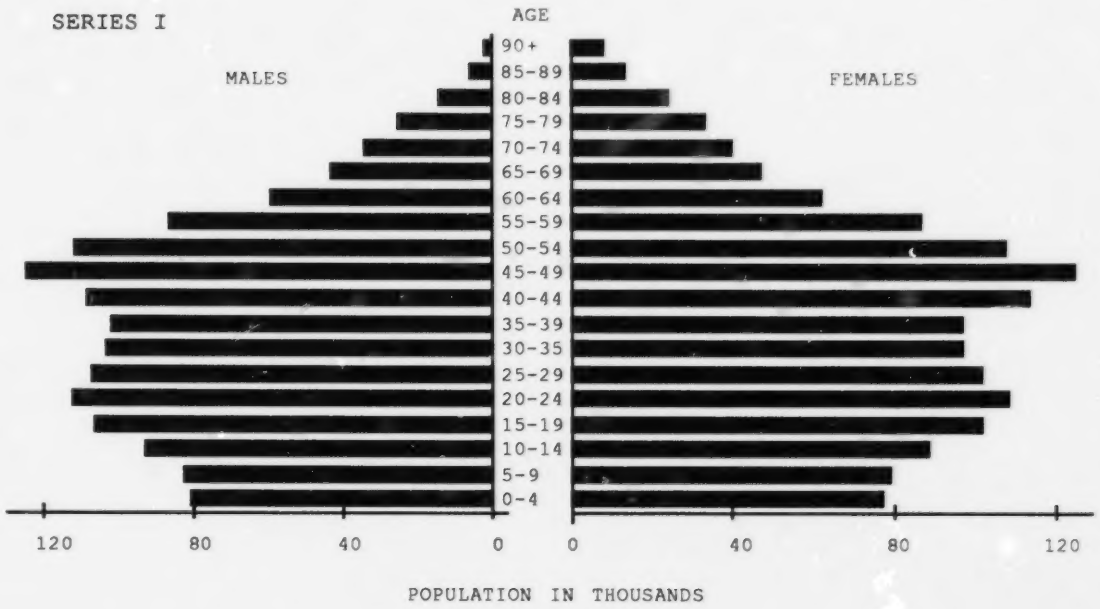
Source: 1951-1971: Statistics Canada, Cat. No. 94-702, Volume III, Part 1 (Bull 3.1-2), November 1974.
1981: Statistics Canada, Cat. No. 92-901, September 1982.
1991-2006: Alberta Bureau of Statistics, released February 1987
Series I - low growth assumption
Series II projection is very close in numbers.
See Table I-2.

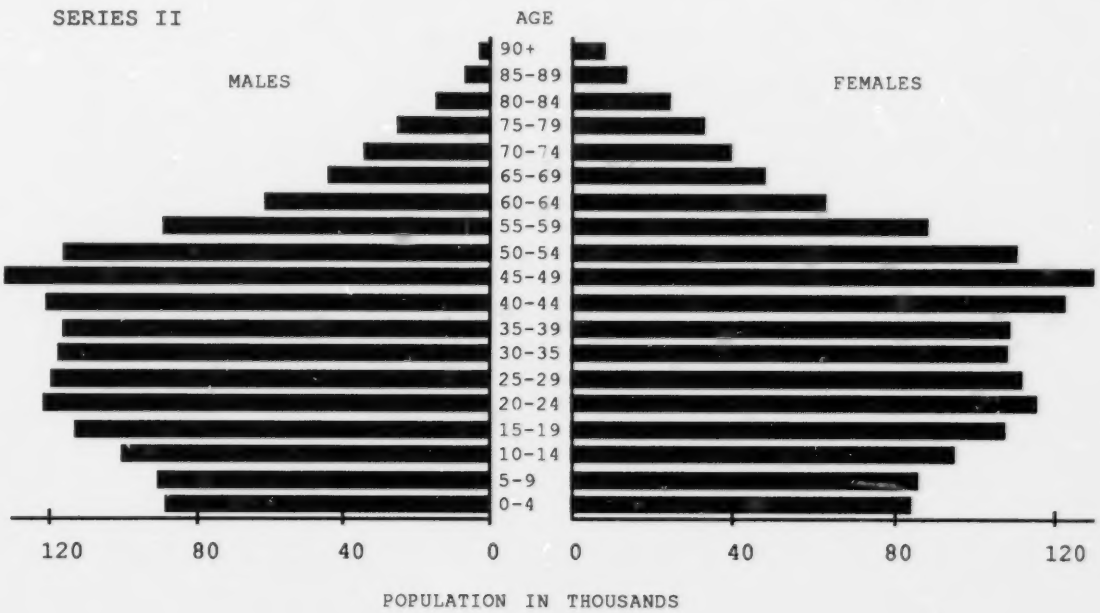
FIGURE I-2
POPULATION BY AGE GROUP AND SEX, ALBERTA, 1981



Source: Statistics Canada, Cat. No. 92-901, September 1982.

FIGURE I-3
POPULATION BY AGE GROUP AND SEX,
ALBERTA, 2006 PROJECTIONS





Source: 2006: Series I (low growth).
Series II (high growth).
Alberta Bureau of Statistics, Updated Projections, released 1987.

TABLE I-2.

POPULATION 65+ AND 85+ BY SEX, ALBERTA, 1981 (CENSUS), 1986 (ESTIMATED) AND 2006 (PROJECTIONS)[a]

Year		65+ Male	65+ Female	65+ Total[a]	85+ Male	85+ Female	85+ Total[a]
1981		74,250	89,145	163,395	5,515	8,665	14,180
1986		85,600	108,200	194,000	6,400	11,600	18,000
2006	Series I	126,033	167,067	293,100	9,027	21,573	30,600
	Series II	126,592	167,808	294,400	9,027	21,573	30,600

Source: 1981: Statistics Canada, Cat. No. 92-901, September 1982.

1986: Alberta Bureau of Statistics, Alberta Population Growth, Second Quarter 1986, October 1986.

2006: Alberta Bureau of Statistics, updated projections, released February 1987

[a] Due to rounding, totals may not equal the sum of the data for males and females.

Proportion of Women in the Older Population
Women Outnumber Men

The census of 1976 was the first census in which it was reported that there were slightly more women than men aged 65 and over.

By 1981 the proportion of women in this age group had increased to 55 percent of the senior population, and the projections for the coming years indicate a somewhat greater proportion of women seniors, especially in the age group 85 and over (Table I-2). This is also shown in Figures I-2 and I-3 which compare the 1981 and the projected (2006) age and sex structure of the total population.

Life Expectancy; Average Life Expectancy Increasing

There is a considerable difference in average life expectancy at birth between men and women, and this is increasing for both groups (Figure I-4). In 1980-82 it was 72.0 years for men and 79.1 years for women. At age 65, a gap in life expectancy between men and women still existed, with women on the average having 19.2 years to live and men 15.0 years.

Rural/Urban Distribution of the Population Aged 65 and Over; Three-Quarters in Urban Areas

While more than one-half the total population of Alberta lived in Edmonton and Calgary in 1981, slightly less than half of the senior population lived in these cities. Seniors were more likely to be found in smaller urban and rural non-farm areas. In total, slightly over three-quarters of the seniors lived in the large and smaller urban centres (Table I-3). This was an increase over 1966 when 69 percent of seniors lived in urban centres.[9]

TABLE I-3

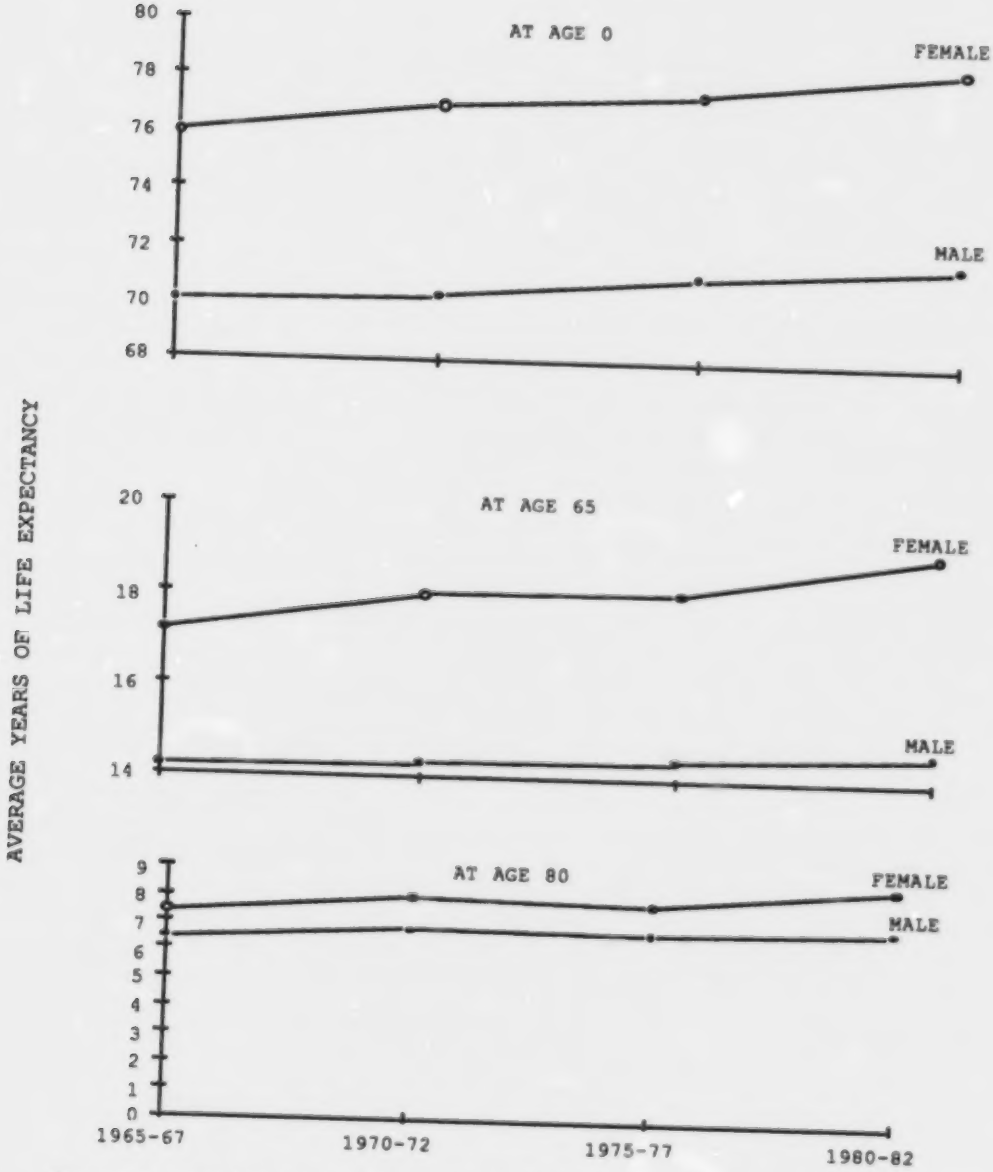
RURAL/URBAN DISTRIBUTION OF TOTAL POPULATION AND POPULATION 65+ AND 75+, ALBERTA, 1981

Rural/Urban Residence	Total Population %	Population 65+ %	Population 75+ %
URBAN: 500,000 + Over	53.1	47.0	46.9
30,000 - 99,999	7.9	9.0	9.1
10,000 - 29,999	3.6	3.5	4.0
5,000 - 9,999	4.7	5.6	6.3
2,500 - 4,999	5.3	7.7	8.7
1,000 - 2,499	2.6	4.4	5.1
Total	77.2	77.2	80.1
RURAL: Non-farm	14.3	17.4	16.5
Farm	8.5	5.5	3.4
Total	22.8	22.9	19.9
ALBERTA TOTAL	100.0	100.0	100.0

Source: Statistics Canada, Cat. No. 92-901, September 1982.

[9] Senior Citizens Bureau, 1984, op. cit.

FIGURE I-4
LIFE EXPECTANCY AT BIRTH, 65 YEARS, AND 80 YEARS, BY SEX,
ALBERTA 1965/67 TO 1980/82



Source: Statistics Canada, Life Tables Canada and Provinces
1965/67: Cat. No. 84-527 Occasional, January 1971.
1970/72: Cat. No. 84-532 Occasional, October 1974.
1975/77: Cat. No. 84-532 Occasional, October 1979.
1980/82: Cat. No. 84-532 Occasional, May 1984.

Distribution of Seniors in the Province; Seniors Higher Proportion of Total Population in Southeast Alberta

In 1981 seniors constituted only 7.3 percent of the total population, an average percentage for the whole of Alberta. However, there were parts of the province, in particular the southeast, where seniors formed a considerably higher proportion of the population (Figure I-5).

As shown in Figure I-6, the percentage of persons aged 65 and over in each of Alberta's 27 health units varied from 1.1 percent (Fort McMurray) to 16.2 percent (Vegreville) in 1986. These percentages were similar to those in 1981.[10]

The CAG/ACG 2% Sample Tape, Census 1981, provides information about the population aged 55 and older by age and sex, by the province as a whole and by three regions in the province.[11] The three regions are the City of Calgary, the City of Edmonton and surroundings and the remainder (other areas) of the province.

As shown in Figure I-7, there were relatively few differences among the regions in the age and sex structure of the older population, though the City of Calgary appeared to have a slightly higher percentage of very old women (aged 85 and over). For the province as a whole about 50 percent of all the men and 48 percent of all the women aged 55 and over were in the age group 55 to 64.

It should be noted (Table I-4) that for the very old age group in the three regions the absolute numbers in the CAG/ACG 2% Sample Tape are very small.

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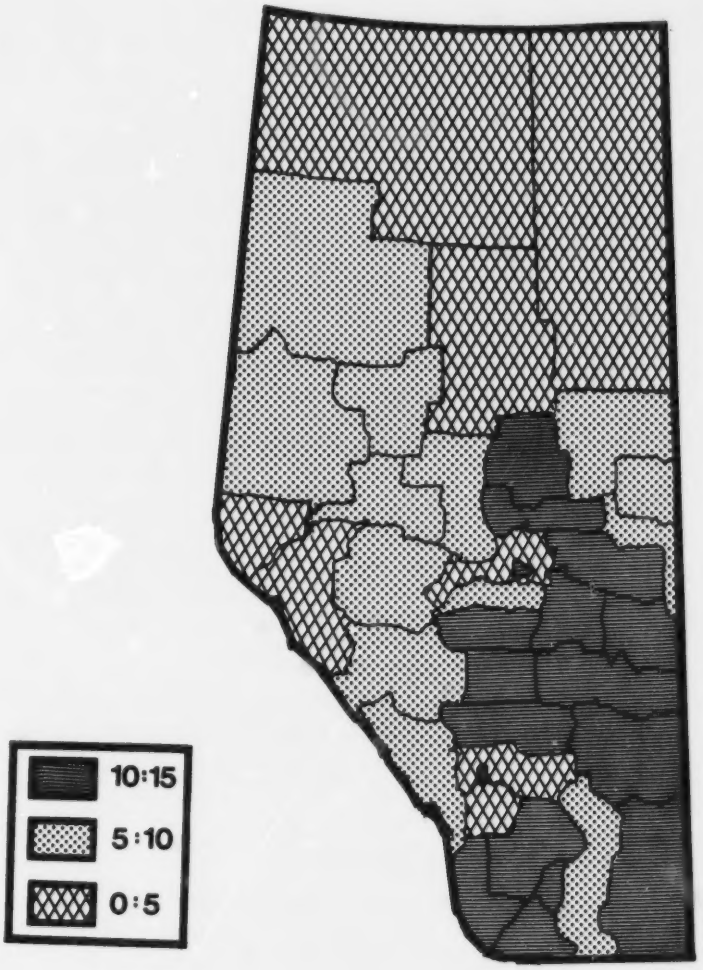
[10] Ibid.

[11] Canadian Association on Gerontology/Association Canadienne de Gerontologie, op. cit.

FIGURE I-5

POPULATION OF SENIORS AS PERCENTAGE OF TOTAL POPULATION, ALBERTA, 1981



Source: 1981 Census of Canada, data compiled by Alberta Social Services and Community Health.

FIGURE I-6

PERCENTAGE OF PERSONS 65+ IN HEALTH UNITS, ALBERTA, 1986

Source: Alberta Social Services and Community Health, Population Estimates and Projections for Health Units 1981-91, March 1986.

FIGURE I-7
PERCENTAGE DISTRIBUTION OF PERSONS 55+
BY AGE GROUP AND SEX IN THREE REGIONS,
ALBERTA, 1981

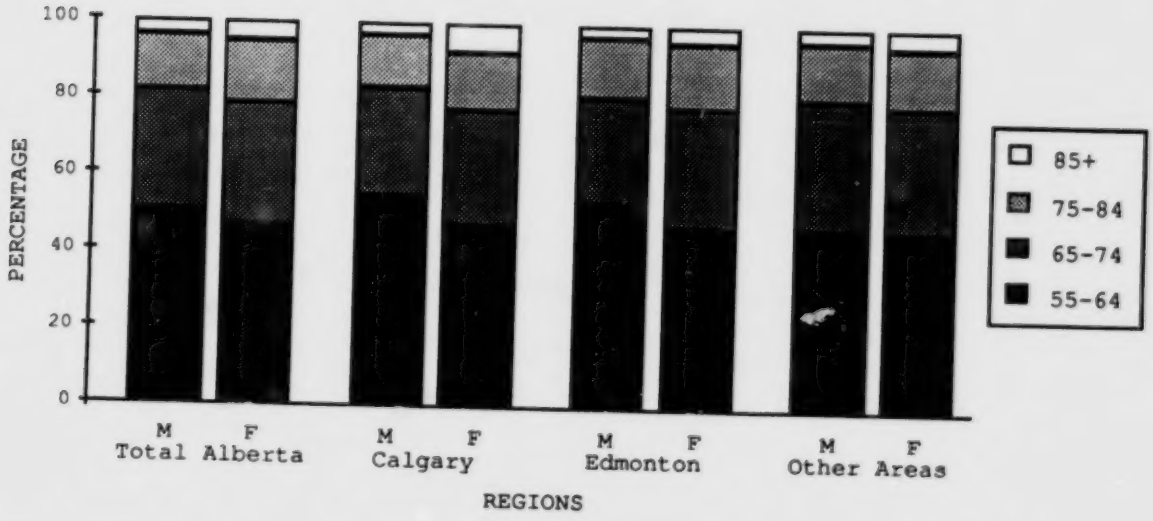
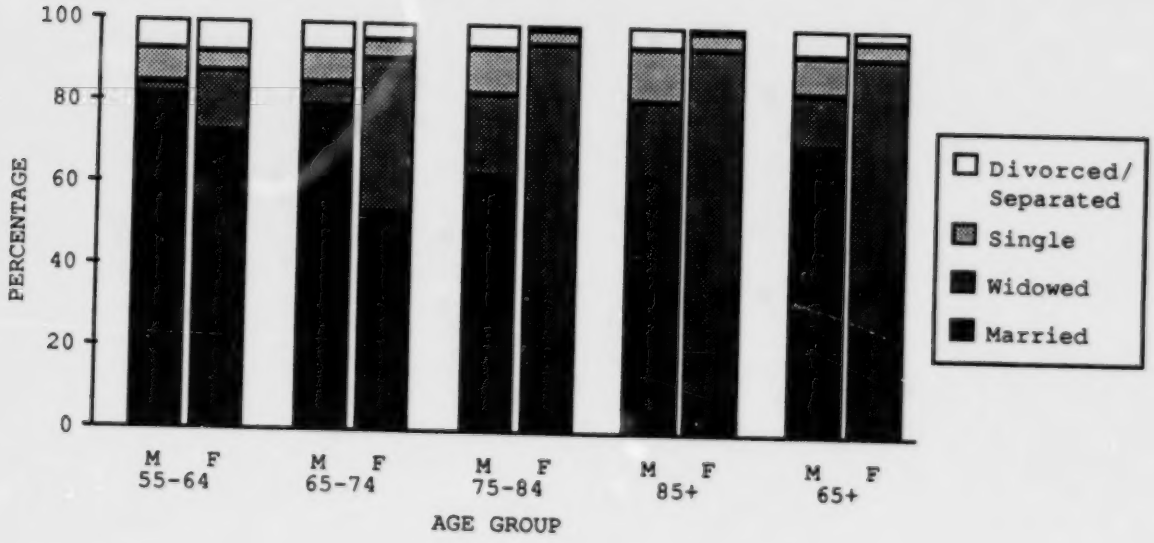


FIGURE I-8
PERCENTAGE DISTRIBUTION OF PERSONS 55+
BY AGE GROUP, SEX AND MARITAL STATUS,
ALBERTA, 1981



Source: CAG/ACG 2% Sample Tape of the Canadian Population Over the Age of 55 Years, 1985 (based on 1981 census data).

TABLE I-4

DISTRIBUTION OF TWO PERCENT OF THE POPULATION AGED 55+ BY AGE GROUP, SEX AND ACCORDING TO REGION, ALBERTA, 1981

Age Group		Alberta		Calgary		Edmonton		Other Areas	
		M	F	M	F	M	F	M	F
55 - 64	#	1518	1574	362	388	420	448	736	738
	%	50.5	46.9	55.0	47.4	53.4	47.4	47.2	46.4
65 - 74	#	936	1072	185	247	219	296	532	529
	%	31.2	31.9	28.1	30.2	27.8	31.3	34.2	33.2
75 - 84	#	440	532	89	124	123	160	228	248
	%	14.7	15.9	13.5	15.1	15.6	16.9	14.6	15.6
85+	#	109	178	22	60	25	41	62	77
	%	3.6	5.3	3.4	7.3	3.2	4.4	4.0	4.8
65+	#	1485	1782	296	431	367	497	822	854
	%	49.5	53.1	45.0	52.6	46.6	52.6	52.8	53.6
55+	#	3003	3356	658	819	787	945	1558	1592
	%	100	100	100	100	100	100	100	100

Source: CAG/ACG 2% Sample Tape of the Canadian Population Over the Age of 55 Years, 1985 (based on 1981 census data).

Marital Status; Great Differences Between Men and Women

In 1981, the majority of persons aged 55 and over were married (75 percent of those aged 55 to 64 and 55 percent of those aged 65 and over). However, as Table I-5 and Figure I-8 show, there were great differences between men and women, which might be expected in view of their differences in life expectancy and marital patterns.

TABLE I-5

MARITAL STATUS OF PERSONS 65+ BY SEX, ALBERTA, 1981

	Male	Female
	%	%
Married	75	42
Single	9	5
Widowed	13	51
Divorced	3	2
Total	100	100

Source: Statistics Canada, Cat. No. 92-901, September 1982.

Among the men in the age groups under age 85, the majority were married (three-quarters of those aged 65 and over were married), and even in the age group 85 and over one-third had a spouse.

In contrast, a much higher proportion of the older women were widowed: 15 percent in the age group 55 to 64, almost three-quarters in the age group 75-84 and 84 percent of those aged 85 and over.

As one might expect, the percentage of those divorced was slightly higher, 5 percent in the age group 55 to 64, as compared to 3 percent of the age group 65 and over.

Between 1971 and 1981, the marital status of persons aged 65 and over did not change to any extent.[12]

Living Arrangements; Majority of men 65 and Over Lived with Spouses; Majority of Women Lived Alone

There were age and sex differences in the living arrangements of persons 55 years and over (Figure I-9).

In 1981, in the province as a whole, the majority of older men were living with spouses, but the percentage dropped from 75 percent for those aged 65 to 74 to 30 percent for those aged 85 and over. For all age groups, a higher percentage of women as compared to men lived alone, and the percentage

[12] M. Engelmann, "Living Arrangements of Older People in Alberta, 1971-1981," a paper published by the Senior Citizens Bureau, 1985. This paper describes in detail 1981 census data relating to the living arrangements of seniors and makes comparisons with the living arrangements data from the 1971 census.

increased up to age 84. Older women were more likely than older men to be lone parents living with a never-married child or to be living with relatives. The living arrangements of older persons appeared to be relatively similar among the three regions, although in Edmonton and Calgary smaller percentages of women lived with spouses (see Figures I-10, I-11 and I-12).

As might be expected for both men and women, a greater percentage of seniors aged 85 and over than younger seniors were living in collective dwellings. Almost 50 percent of those aged 85 and over lived in dwellings of a commercial, institutional or communal nature such as lodges, nursing homes, auxiliary hospitals or rooming/lodging houses and hotels.[13] Only slightly more women than men were in this category. Calgary, as compared with Edmonton, had a higher percentage of both men and women aged 85 and over living in collective dwellings.

Between 1971 and 1981 there was an increase in the percentage of those aged 65 and over living with a spouse, or with an unmarried child, or living alone, whereas there was a decrease in the percentage of those living in other family situations.[14] This change may have been due in part to the increase in income support for seniors during that period and also to the fact that during these ten years many subsidized apartments for seniors were built.

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[13] Collective dwellings defined in 1981 Census Dictionary, Statistics Canada, May 1982 p. 82. This also included persons staying in active treatment or psychiatric hospitals for a period of six months or longer.

[14] M. Engelmann, op. cit.

FIGURE I-9
LIVING ARRANGEMENTS OF PERSONS 55+ BY AGE GROUP AND SEX,
ALBERTA, 1981

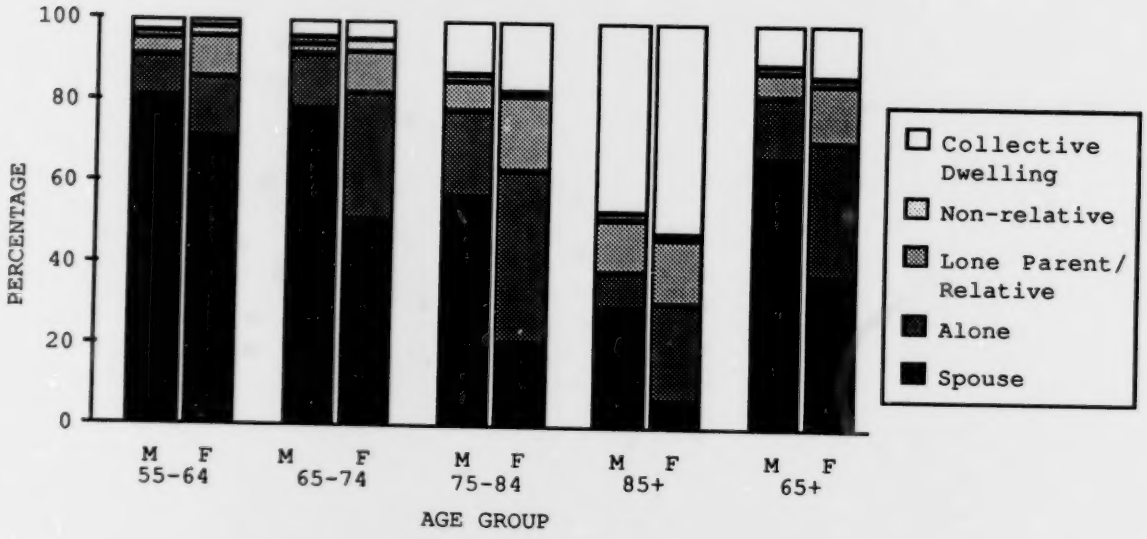
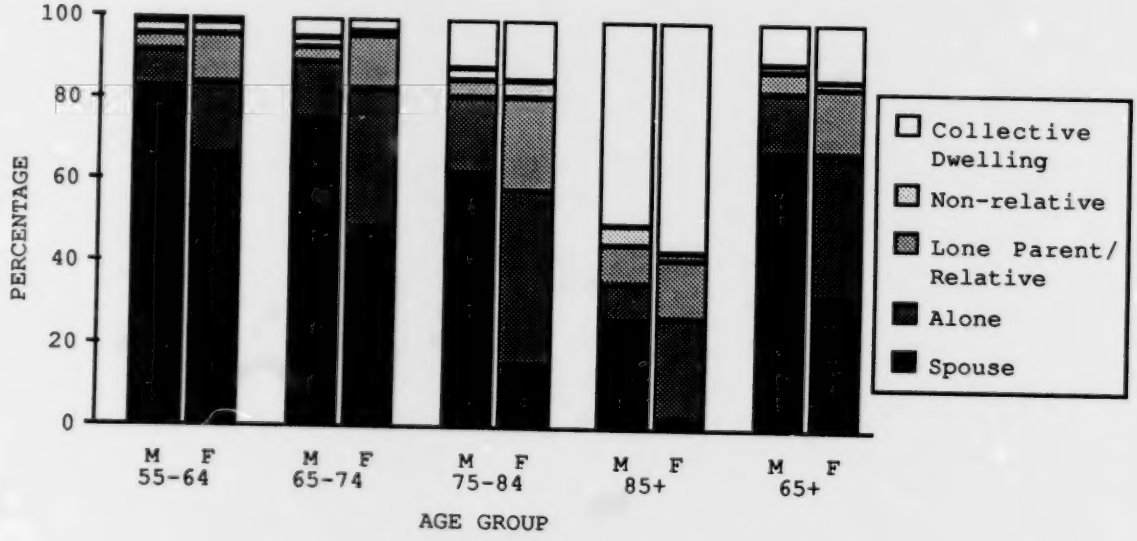


FIGURE I-10
LIVING ARRANGEMENTS OF PERSONS 55+ BY AGE GROUP AND SEX,
CALGARY, 1981



Source: CAG/ACG 2% Sample Tape of the Canadian Population Over the Age of 55 Years, 1985 (based on 1981 census data).

FIGURE I-11
LIVING ARRANGEMENTS OF PERSONS 55+ BY AGE GROUP AND SEX,
EDMONTON, 1981

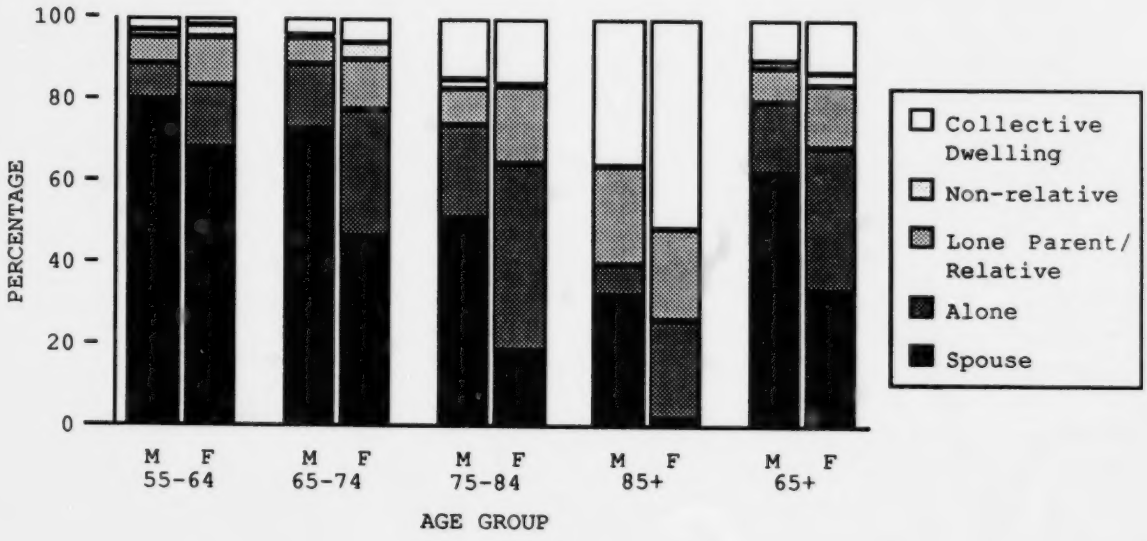
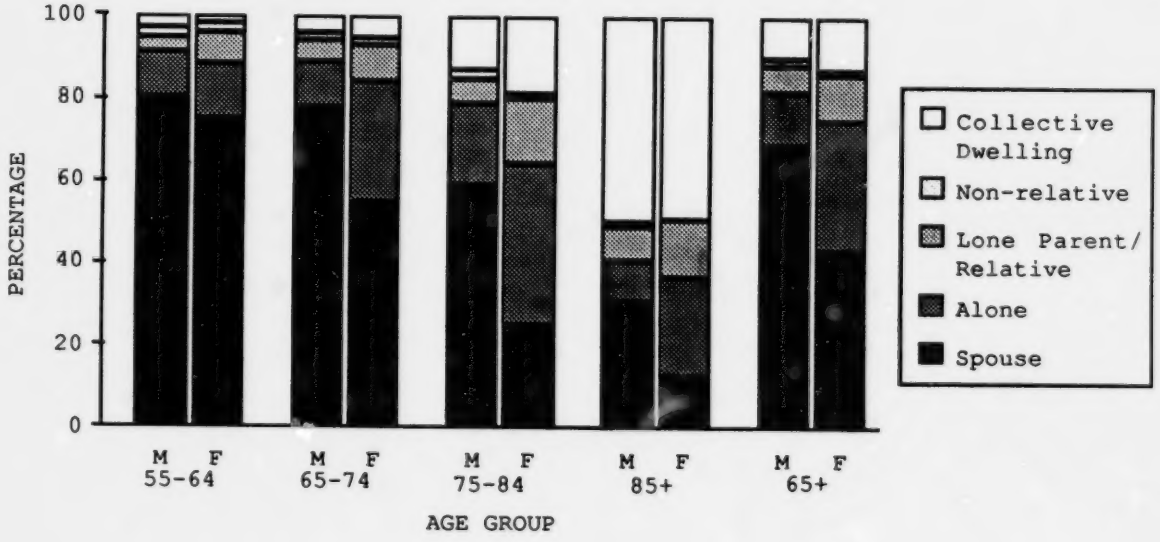


FIGURE I-12
LIVING ARRANGEMENTS OF PERSONS 55+ BY AGE GROUP AND SEX,
OTHER AREAS, 1981



Source: CAG/ACG 2% Sample Tape of the Canadian Population Over the Age of 55 Years, 1985 (based on 1981 census data).

Mother Tongue, Birthplace and Ethnic Origin; English Language and British Origin Most Common

English was the mother tongue of a majority of the older population (Figures I-13, 14, 15, 16, 17). Close to one-half of those aged 65 and over were of British ethnic origin. It may be of interest that of persons aged 55 to 64, 46 percent were born in Alberta; of those aged 65 and over, 28 percent, and of those aged 85 and over only 3 percent.[15] (This information was not obtained from persons living in collective dwellings.)

In Calgary as compared to Edmonton and surroundings and the other areas (Figures I-15, 16, 17), for both men and women, there was a higher percentage of persons aged 65 and over of English-speaking background. Although English predominated in the other two regions, persons of Ukrainian background formed a sizeable proportion in Edmonton and those of German background in the other areas.

Number of Children

The Census of 1981 (2% sample tape) provides information on the number of children born to women (except for those in collective dwellings). About 50 percent of them had 1 to 3 children, and about 20 percent had 5 or more children (Table I-6).

It is of interest that there appeared to be a sizeable proportion of women aged 85 and over living in the community who reported having had no children.

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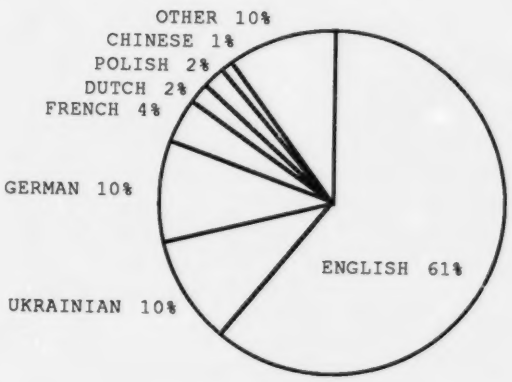
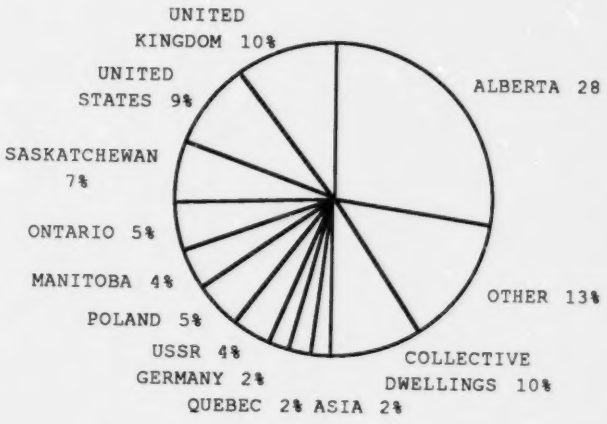
[15] Canadian Association on Gerontology/Association Canadienne de Gerontologie, op. cit.

FIGURE I-13
MOTHER TONGUE, ETHNIC ORIGIN[a] AND BIRTHPLACE[a]
FOR PERSONS 65+ IN ALBERTA, 1981

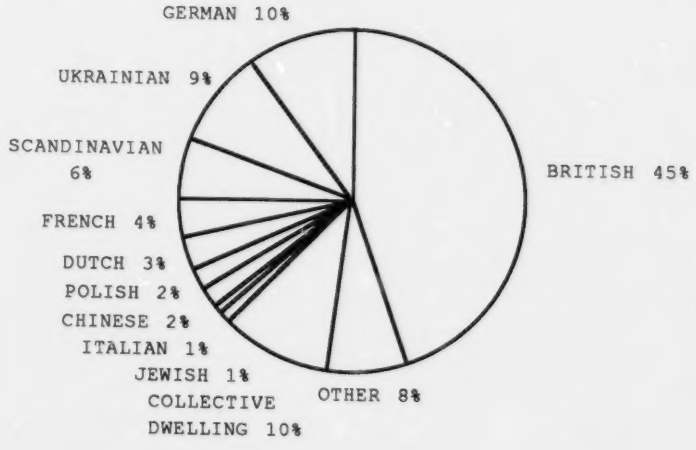
MOTHER TONGUE



BIRTHPLACE



ETHNIC ORIGIN



Source: CAG/ACG 2% Sample Tape of the Canadian Population Over the Age of 55 Years, 1985 (based on 1981 census data).

[a]For these variables, information from persons living in collective dwellings was not collected.

FIGURE I-14
MOTHER TONGUE OF PERSONS 55+ BY AGE GROUP AND SEX,
ALBERTA, 1981

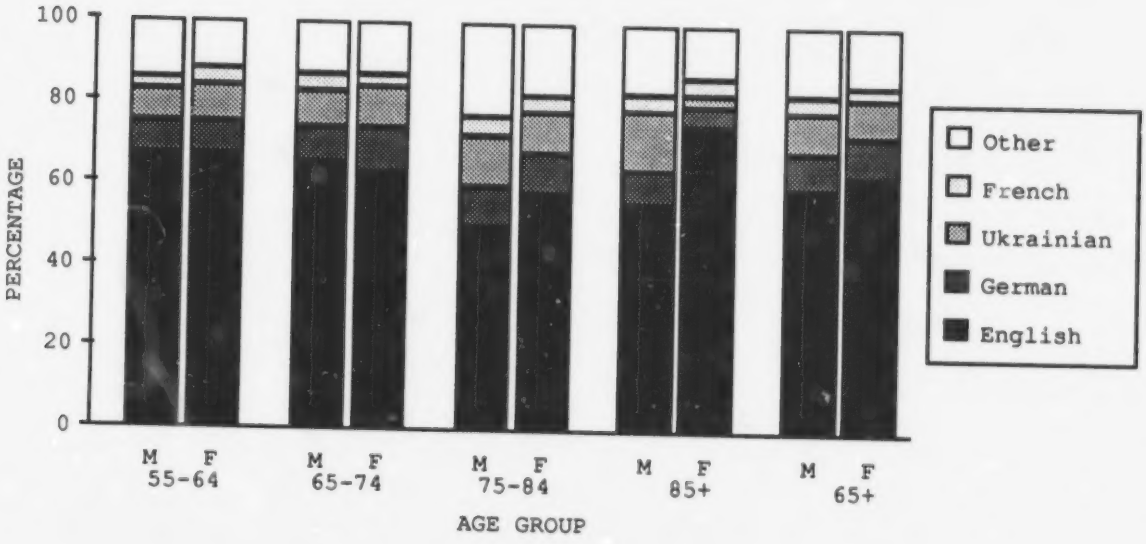
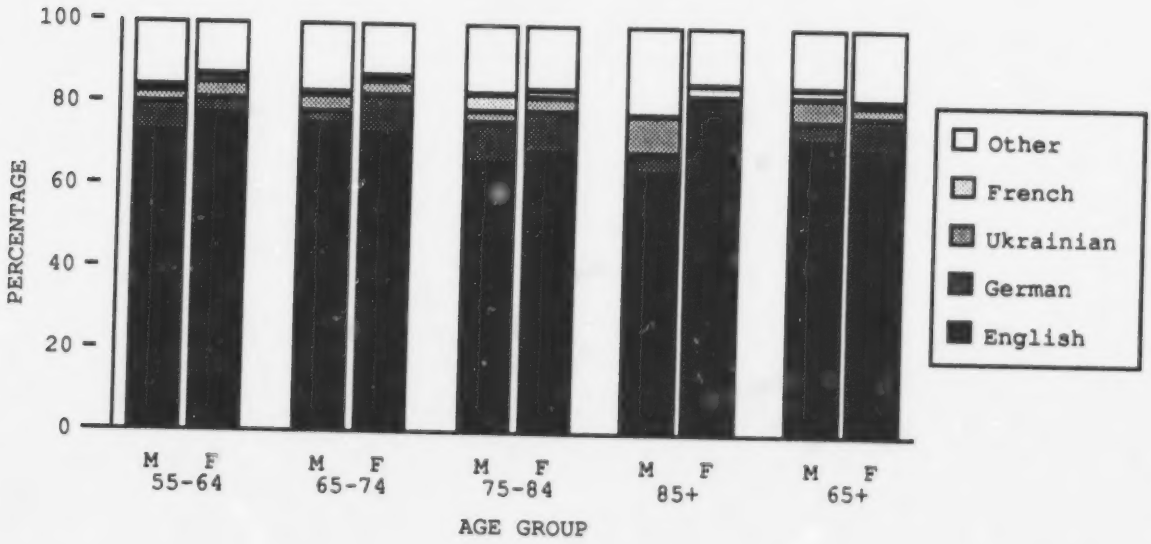


FIGURE I-15
MOTHER TONGUE OF PERSONS 55+ BY AGE GROUP AND SEX,
CALGARY, 1981



Source: CAG/ACG 2% Sample Tape of the Canadian Population Over the Age of 55 Years, 1985 (based on 1981 census data).

FIGURE I-16
MOTHER TONGUE OF PERSONS 55+ BY AGE GROUP AND SEX,
EDMONTON, 1981

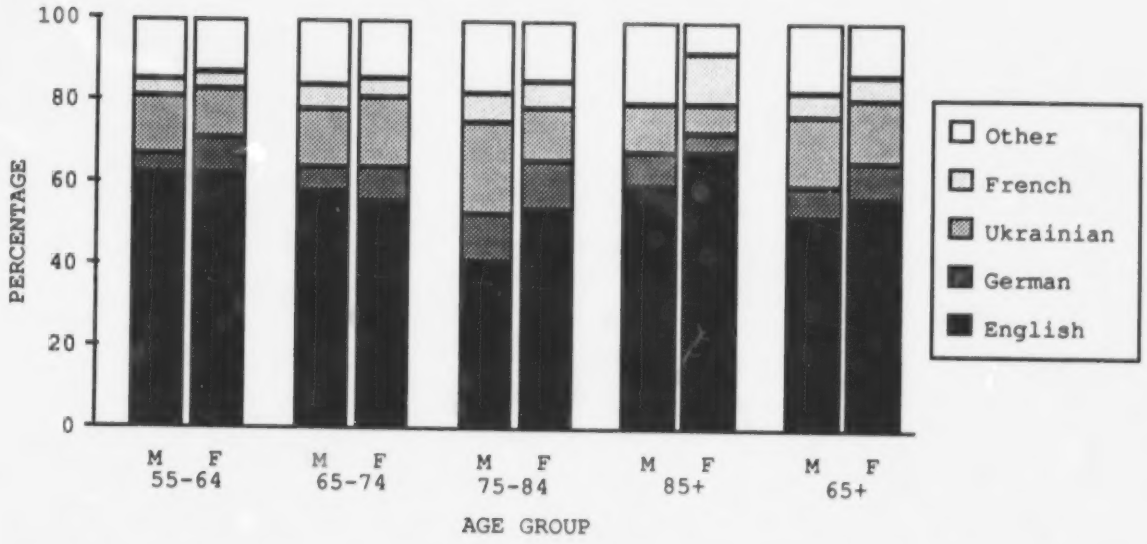
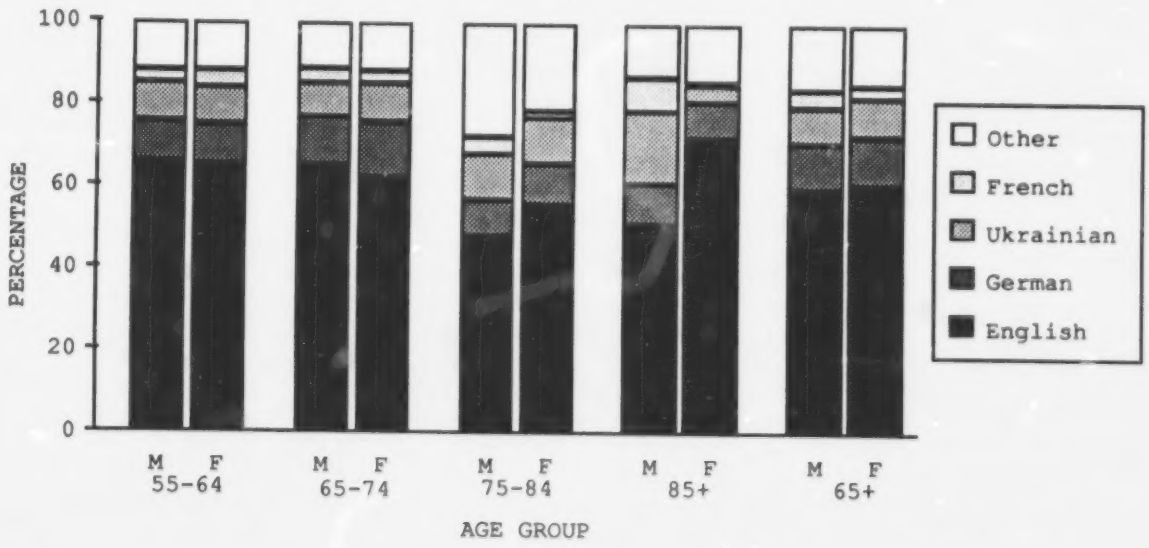


FIGURE I-17
MOTHER TONGUE OF PERSONS 55+ BY AGE GROUP AND SEX,
OTHER AREAS, 1981



Source: CAG/ACG 2% Sample Tape of the Canadian Population Over the Age of 55 Years, 1985 (based on 1981 census data).

TABLE I-6

NUMBER OF CHILDREN BORN TO WOMEN BY AGE GROUP, ALBERTA, 1981[a]

Number of Children	Age Group				
	55 - 64 %	65 - 74 %	75 - 84 %	85+ %	65+ %
0	8	11	7	19	10
1 - 2	31	34	40	27	35
3	22	20	17	15	19
4	16	13	10	13	12
5+	23	22	25	26	23
	100	100	100	100	100
TOTAL NUMBER	1497	997	430	85	1512

Source: CAG/ACG 2% Sample Tape of the Canadian Population Over the Age of 55 Years, 1985 (based on 1981 census data).

[a]This information was not obtained from women living in collective dwellings (52.2 percent of those age 85+).

Level of Schooling; Educational Level of "Young-Old" Higher than that of "Old-Old"

In 1981, those living in collective dwellings excluded, the largest proportion of persons aged 55 to 64 reported that they had grade 9 to grade 13 education or a trade certificate (41 percent of the men and 44 percent of the women). Elementary education (grades 1 to 8), however, was the highest level reported by the largest percentage of persons aged 65 and over (49 percent for men and 46 percent for women). For those aged 75 and over, elementary education was reported for more than one-half (Table I-7).

There were few regional variations in educational level. The one slight difference was that 9 percent of persons aged 65 and over in Calgary reported having a university or higher degree compared to 6 percent in Edmonton and the other areas.[16]

[16]Ibid.

TABLE I-7

HIGHEST LEVEL OF SCHOOLING OF PERSONS 55+
BY AGE GROUP AND SEX, ALBERTA, 1981[a]

Education	Age Group									
	55 - 64		65 - 74		75 - 84		85+		65+	
	M %	F %	M %	F %	M %	F %	M %	F %	M %	F %
Grade 1-8	28	28	44	42	59	55	60	55	49	46
Grade 9 - Trade Certificate	41	44	33	36	28	27	26	28	31	33
Some University or Post-Secondary	24	24	18	20	10	16	9	17	16	19
University Degree	8	4	4	2	3	2	5	0	4	2
	100	100	100	100	100	100	100	100	100	100
TOTAL NUMBER	1505	1560	909	1037	390	448	58	89	1357	1574

Source: CAG/ACG 2% Sample Tape of the Canadian Population Over the Age of 55 Years, 1985 (based on 1981 census data).

[a]This information was not obtained from persons living in collective dwellings.

Income; Older Seniors Reported Less Income

In 1981, for Alberta as a whole, the reported household income level of persons not living in collective dwellings dropped with increasing age.[17] In the group aged 55 to 64 over one-half the men and one-half the women reported annual household incomes of $20,000 or more. In contrast, both men and women aged 65 and over reported much lower incomes.

The reported income of persons aged 85 and over was either very high or very low. A sizeable proportion of these, especially older women, reported incomes of under $7,000 (Table I-8).

Residents of Calgary and Edmonton (and surroundings) in the age group 55 to 64 appeared to be slightly more affluent than their peers in the remainder of the province, with more than 50 percent of men reporting annual household incomes of $30,000 and over. However, this relative affluence in the two large cities was not reflected in the age group 65 and over. For this group, differences between the two cities and the remainder of the province were slight.[18]

In all age groups and in all regions, older men reported more income than older women. This difference between men and women is also reflected in the income data from Health and Welfare Canada on recipients of Old Age Security (see Section II).

Occupation and Labour Force Activity; Increasing Participation of Women

In 1981, 83 percent of the men and 42 percent of the women aged 55 to 64 reported that they were employed (Table I-9). Of the men who were working, the largest categories of occupation were production/construction work and farming. The major occupation reported for women who were employed was clerical work.[19]

In the age group 65 and over, 74 percent of the men and 68 percent of the women reported they were retired. Farming appeared to be the major occupation of those men who were working. Even in the age 85-and-over group, 5 percent of the men reported that they were farming.[20] This information excludes those in collective dwellings.

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[17] Incomes reported for census purposes are not obtained through Revenue Canada but are based upon self-reporting.

[18] Canadian Association on Gerontology/Association Canadienne de Gerontolgie, op. cit.

[19] Ibid.

[20] Ibid.

TABLE I-8

REPORTED INCOME LEVEL OF PERSONS 55+ BY AGE GROUP AND SEX, ALBERTA, 1981[a]

Income	Age Group									
	55 - 64		65 - 74		75 - 84		85+		65+	
	M %	F %	M %	F %	M %	F %	M %	F %	M %	F %
<$7,000	9	11	11	20	18	37	15	35	13	25
$7,000-11,999	7	14	25	28	38	22	35	20	29	26
$12,000-19,999	17	20	26	22	22	17	21	16	25	20
$20,000-29,999	22	22	18	14	8	10	7	12	14	13
>$30,000	45	33	20	16	14	14	22	17	19	16
	100	100	100	100	100	100	100	100	100	100
TOTAL NUMBER	1478	1546	896	1019	383	441	58	85	1337	1545

Source: CAG/ACG 2% Sample Tape of the Canadian Population Over the Age of 55 Years, 1985 (based on 1981 census data).

[a]This information was not obtained from persons in collective dwellings.

TABLE I-9

DISTRIBUTION OF PERSONS 55+ IN LABOUR FORCE ACTIVITY BY AGE GROUP AND SEX, ALBERTA, 1981[a]

Activity	Age Group									
	55 - 64		65 - 74		75 - 84		85+		65+	
	M %	F %	M %	F %	M %	F %	M %	F %	M %	F %
Employed	83	42	30	9	11	4	9	3	24	7
Retired	16	45	68	70	87	64	86	62	74	68
Never Worked	1	12	2	20	2	32	5	35	2	25
Other (including unemployed)	0	1	0	1	0	0	0	0	0	0
	100	100	100	100	100	100	100	100	100	100
TOTAL NUMBER	1488	1554	905	1036	390	448	58	89	1353	1573

Source: CAG/ACG 2% Sample Tape of the Canadian Population Over the Age of 55 Years, 1985 (based on 1981 census data).

[a]This information was not obtained from persons in collective dwellings.

Information from Statistics Canada shows the increasing labour force participation of women in the 45-64 year age group (Table I-10) between 1951 and 1982. Even in the 65 and over age group, slight increases were reported for women. During the same period the labour force particpation of men, while changing only slightly in the 45 to 64-year-age-group, dropped considerably for those aged 65 and over.

TABLE I-10

DISTRIBUTION OF PERSONS 45+ IN LABOUR FORCE BY AGE GROUP AND SEX, ALBERTA, 1951, 1961, 1971 AND 1982

Age Group	Sex	1951 %	1961 %	1971 %	1982 %
45 - 54	Male	95	94	93	97
	Female	16	37	52	59
55 - 64	Male	86	84	84	82
	Female	12	25	39	39
65+	Male	39	30	26	14
	Female	4	5	8	-[a]

Source: 1951 and 1961: Statistics Canada, Cat. No. 91-507, February 1964.

1971: Statistics Canada, Cat. No. 94 - 702, Vol: III, Part: 1 (Bulletin 3.1-2), November 1974.

1982: Statistics Canada, Cat. No. 71-001, Monthly, June 1982.

[a]No figure provided.

Home Ownership; High Among Older People

Although a large percentage of seniors owned homes, home ownership decreased with increasing age. For all ages, it was higher in the areas other than Edmonton and Calgary (Figures I-18, 19, 20, 21).

Slightly over 80 percent of persons aged 55 to 64 in Alberta, in 1981, owned their own homes. There were no real differences between males and females.

In the age group 65 and over the majority of men and women owned homes, and in this group a slightly higher percentage were men. Even in the age group 85 and over the majority of those living in the community owned their own homes.

FIGURE I-18
OWNERSHIP/RENTAL BY PERSONS 55+ BY AGE GROUP AND SEX,
ALBERTA, 1981

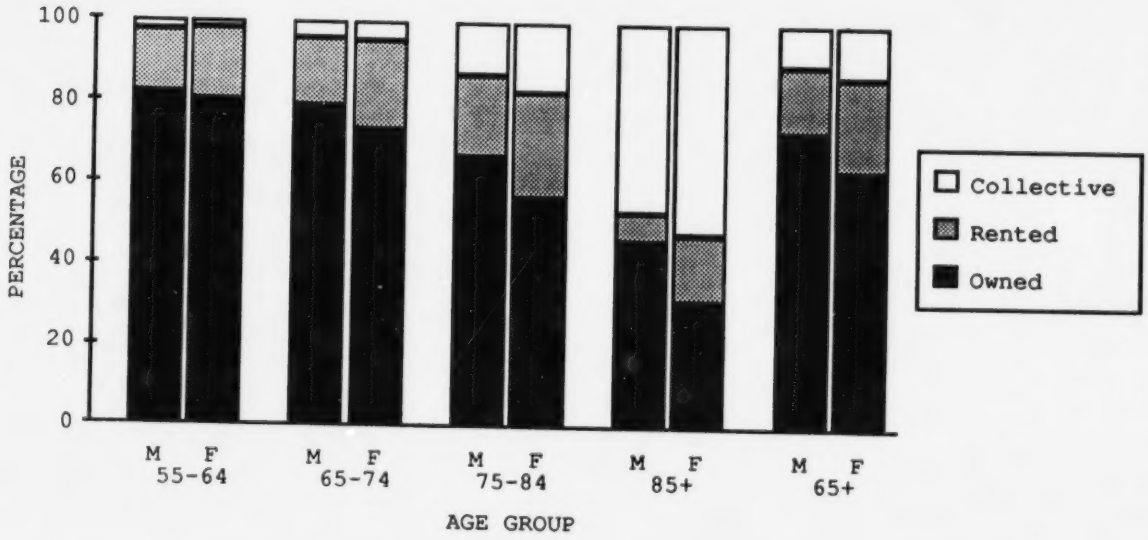
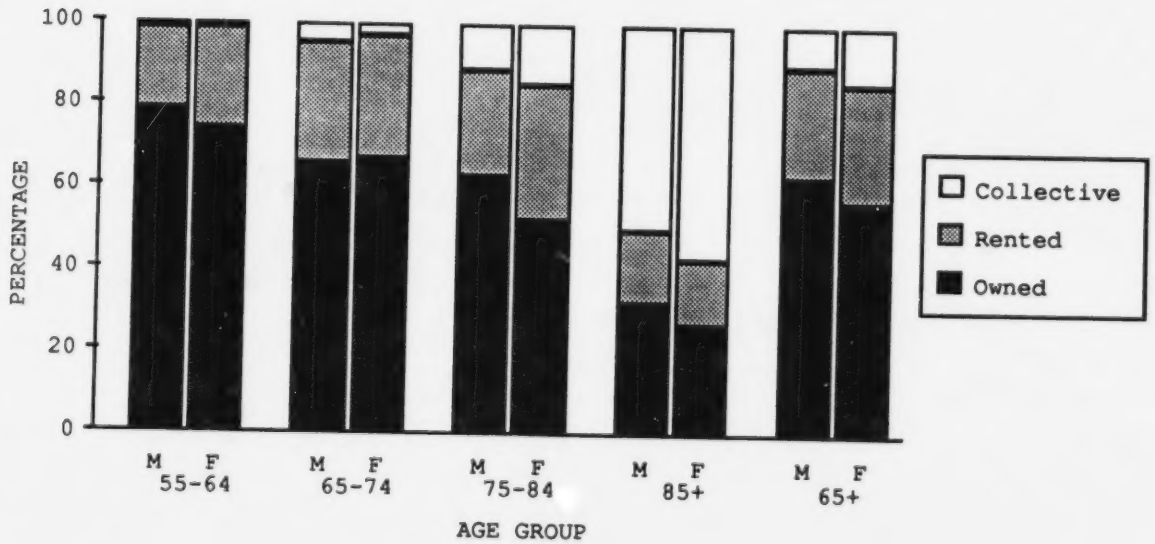


FIGURE I-19
OWNERSHIP/RENTAL BY PERSONS 55+ BY AGE GROUP AND SEX,
CALGARY, 1981



Source: CAG/ACG 2% Sample Tape of the Canadian Population Over the Age of 55 Years, 1985 (based on 1981 census data).

FIGURE I-20
OWNERSHIP/RENTAL BY PERSONS 55+ BY AGE GROUP AND SEX,
EDMONTON, 1981

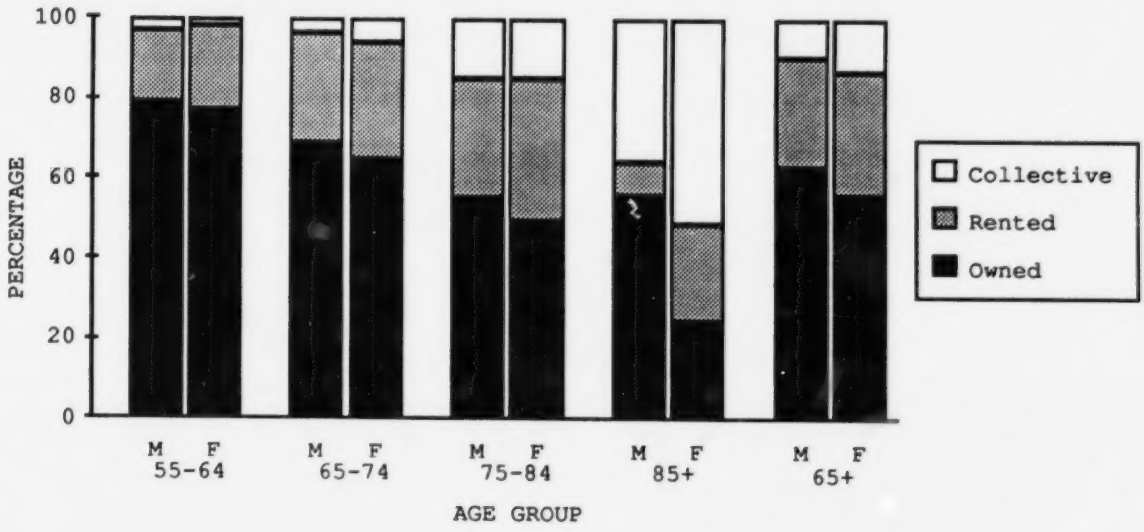
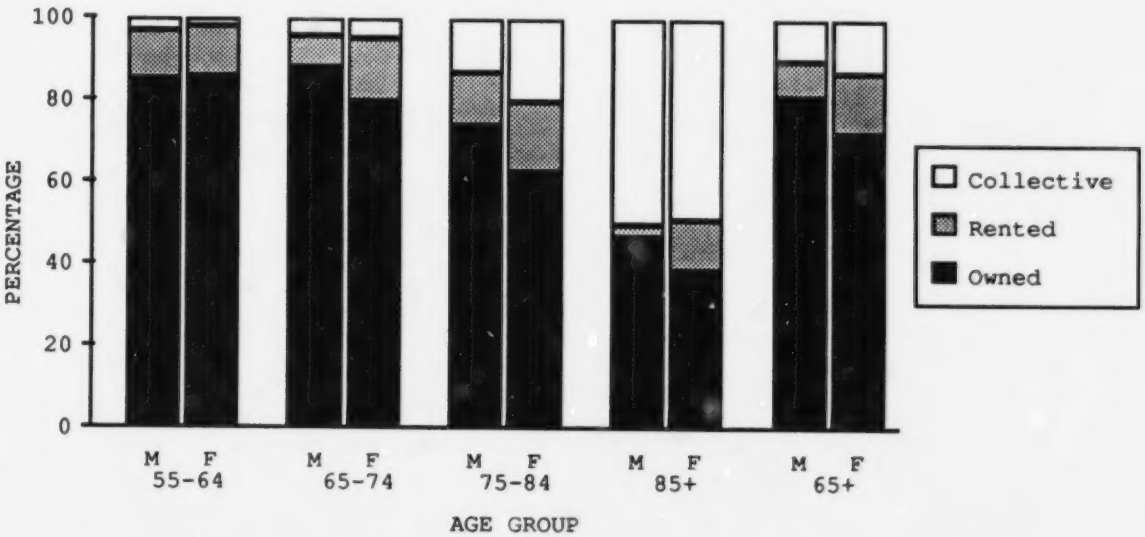


FIGURE I-21
OWNERSHIP/RENTAL BY PERSONS 55+ BY AGE GROUP AND SEX,
OTHER AREAS, 1981



Source: CAG/ACG 2% Sample Tape of the Canadian Population Over the Age of 55 Years, 1985 (based on 1981 census data).

Size of Dwelling; Very Old Had Smaller Dwellings

There were differences in the size of accommodation among age groups. As might be expected, greater percentages of the older seniors lived in dwellings with fewer rooms (Table I-11).

Older people in Calgary tended to live in slightly larger accommodations.[21]

TABLE I-11

NUMBER OF ROOMS IN DWELLINGS OF PERSONS 55+ BY AGE GROUP AND SEX, ALBERTA, 1981[a]

Number of Rooms	Age Group									
	55 - 64		65 - 74		75 - 84		85+		65+	
	M %	F %	M %	F %	M %	F %	M %	F %	M %	F %
1 - 2	3	1	4	2	8	8	3	10	4	5
3 - 4	16	18	23	29	31	35	23	35	25	31
5 - 6	39	41	42	42	39	35	38	35	42	39
7+	42	40	31	27	22	22	36	20	29	25
	100	100	100	100	100	100	100	100	100	100
TOTAL NUMBERS	1478	1546	896	1010	383	441	58	85	1337	1545

Source: CAG/ACG 2% Sample Tape of the Canadian Population Over the Age of 55 Years, 1985 (based on 1981 census data).

[a]This information was not obtained from persons living in collective dwellings.

Mobility; Majority of Seniors Remained in Accommodation for Long Periods

The largest proportion of older people had lived in their accommodations for a period of 10 years or more: about half of both men and women aged 55 to 64 and over one-half of those aged 65 and over (Table I-12). There were few regional variations.[22] (This information was not collected from people living in collective dwellings.)

[21] Ibid.

[22] Ibid.

TABLE I-12

LENGTH OF OCCUPANCY OF PERSONS 55+ BY AGE GROUP AND SEX, ALBERTA, 1981[a]

	55 - 64		65 - 74		75 - 84		85+		65+	
	M	F	M	F	M	F	M	F	M	F
	%	%	%	%	%	%	%	%	%	%
< 1 year	7	8	6	7	4	6	3	1	5	7
1-2 years	11	11	7	9	8	9	5	9	7	9
3-5 years	14	15	18	15	12	17	14	19	16	16
6-10 years	17	16	18	13	17	12	9	20	18	13
>10 years	51	50	51	56	59	56	69	51	54	55
	100	100	100	100	100	100	100	100	100	100
TOTAL NUMBER	1478	1546	896	1019	383	441	58	85	1337	1545

Source: CAG/ACG 2% Sample Tape of the Canadian Population Over the Age of 55 Years, 1985 (based on 1981 census data).

[a]This information was not obtained from persons living in collective dwellings.

Causes of Death; Death from Heart Disease Leading

Leading causes of death for those aged 65 and over in 1985 in Alberta were heart disease, malignant neoplasm and cerebrovascular disease (Table I-13). Due to changes in classification, data from earlier years are not comparable; however, for Canada as a whole, there has been a decline in mortality levels among the elderly population in the last 10 to 15 years, which indicates that older people may be healthier than they used to be.[23]

[23]S.A. McDaniel, Canada's Aging Population. Toronto: Butterworths, 1986; L.O. Stone and S. Fletcher, The Seniors' Boom: Dramatic Increases in Longevity and Prospects for Better Health. Ottawa: Minister of Supplies and Services Canada, 1986.

TABLE I-13

MORTALITY, NUMBER AND PERCENTAGE OF TOTAL DEATHS DUE TO LEADING CAUSES OF DEATH FOR THE TOTAL POPULATION AND 65+, ALBERTA, 1985

		Malignant Neoplasm	Heart Disease	Cerebro-vascular	Accidents and Adverse Effects	Chronic Obstructive Pulmonary	Other	Total
65+	#	1,921	2,922	1,336	195	437	1,798	8,591
	%	22	34	16	2	5	21	100
ALL AGES	#	3,163	3,855	1,021	952	527	3,781	13,299
	%	24	29	8	7	4	28	100

Source: Alberta Community and Occupational Health, Vital Statistics, Vital Statistics Annual Review, 1985

Health Status; May Be Improving for Older People

Since the middle of the century, the Alberta population has been growing older with an increasing proportion of persons living to age 85 and over. Even though disability does increase with age and, as Section II shows, older people have a higher utilization of medical and hospital services than persons of all ages, the majority of seniors (probably about 80 percent) are capable of living independently and are able to care for themselves. Only about 20 to 30 percent of those 65 and over may have impairments or chronic conditions which limit their ability to carry out crucial activities of daily living.[24]

Since 1980, a number of local surveys of the non-institutionalized elderly have been carried out in various small areas of Alberta (for example, villages or health units). In most of these surveys, questions have been asked about the seniors' perceptions of their health, and generally the older people have indicated that they felt their health was satisfactory or quite good. Almost uniformly they have indicated that they wish to live as independently as possible and would consider moving to a lodge or a nursing home only if their health declined.[25]

Furthermore, Canadian data and data from the United States show consistent and substantial improvements in the relative health of older people. Although the projected numbers of older persons, with an increasing proportion of very old seniors, will increase the need for more health services, this need may be partially offset by the trend toward better health among older persons.[26]

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[24] Ontario, Secretariat for Social Development, The Elderly in Ontario: An Agenda for the 80's, December 1981; McDaniel, op. cit.

[25] N. Hohn, "Review of Alberta Surveys of Seniors," Senior Citizens Secretariat, 1986.

[26] E. Palmore, "Trends in the Health of the Aged," The Gerontologist, Vol. 26, No. 3. 1986, pp. 298-302; M. Novak, Successful Aging: The Myths, Realities and Future of Aging in Canada. Markham: Penguin Books, Canada Ltd., 1985; McDaniel, op. cit.; Stone and Fletcher, op. cit.

II. UTILIZATION OF PROGRAMS/SERVICES

A number of services and benefits for older persons are provided by all levels of government and voluntary organizations as well as by private enterprise. Information obtained from the administrative and funding bodies on the utilization of these programs by seniors helps to give an indication of older persons' health, social and economic status. For some services such data on utilization and/or costs are available over several years and thus provide trends in time.

A. GENERAL PROGRAMS/SERVICES

Income Support Programs

Old Age Security
Guaranteed Income Supplement
Alberta Assured Income Plan

Income support programs provided by the federal and provincial Governments are intended to ensure the economic independence of older persons.

The federal Government provides Old Age Security (OAS) benefits to all persons aged 65 and over who meet residency requirements. The federal Government also provides the Guaranteed Income Supplement (GIS) to those with little or no income other than the OAS benefits. Spouses, aged 60 to 64 years of lower income pensioners, may receive the federal Spouse's Allowance. Widows and widowers with lower incomes who are between the ages of 60 and 64 may also receive federal income benefits.

Through the Alberta Assured Income Plan (AAIP) the Alberta Government supplements the income of persons receiving the federal supplement (GIS). The amount of federal and provincial supplements received is determined by the amount of income (not including OAS benefits) reported by the individual to the federal Government.[27] The Alberta Government also provides an income support program (the Alberta Widows' Pension) to widowed lower income persons between ages 55 and 60.

Data from Health and Welfare Canada on the recipients of the income support benefits give an indication of the income level (not assets) of Alberta seniors. (Approximately 95 percent qualify to receive OAS benefits.)

In December 1985, 52.1 percent of the OAS recipients were not receiving income supplementation. Little is known about the incomes of these seniors, but apparently they had incomes that were too high for them to be eligible for this assistance. (A small number of these persons may have been eligible but

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[27] GIS payments are decreased by $1.00 for every $2.00 of additional income, and AAIP payments are reduced by $.50 for every $2.00 of income. A pensioner receiving even the minimum GIS payment receives at least $10.00 a month from the province.

did not apply either because they were not aware of the supplement or had negative attitudes toward requesting government help.)

In spite of the increased number of OAS recipients and the slight increase in the number of GIS/AAIP recipients, there has been a steady decrease in the percentage receiving income supplementation, from 57.2 percent in 1975 to 47.8 percent in 1985 (Table II-1 and Figure II-1). The yearly changes depicted in Table II-1 and Figure II-1 indicate small decreases in the absolute number of GIS recipients, from 1977 to 1978 and from 1980 to 1983.

Moreover, from 1975 to 1985 there has also been a decrease in both the number and the percentage of OAS recipients who reported no outside income and therefore received maximum income supplementation (Table II-1). (This decrease may be due to the fact that increasing numbers of older people are receiving Canada Pension benefits as well as private pension benefits.)

In 1985, there were noticeable age and sex differences between those receiving income supplementation and those receiving OAS benefits only. A high percentage (70 percent of the women and 66 percent of the men) of pensioners aged 80 and over were receiving income supplementation compared with those aged 65 to 74 (43 percent of the women and 37 percent of the men) (Figures II-2 and II-3). As can be seen in comparing data for males and females, a higher proportion of women in all age groups were receiving income supplementation (Figures II-2 and II-3). In addition, sex differences are also evident in the degree of supplementation (Figure II-4). In the two older age groups a larger percentage of women were receiving maximum supplementation. In the very old age group 20 percent of the women and 13 percent of the men were receiving maximum supplements (Figure II-4).

Single persons were more likely to be receiving this income assistance than married persons. As evident from Figure II-5 two-thirds (69 percent) of persons on maximum supplement were single, and close to two-thirds or 63 percent were women.

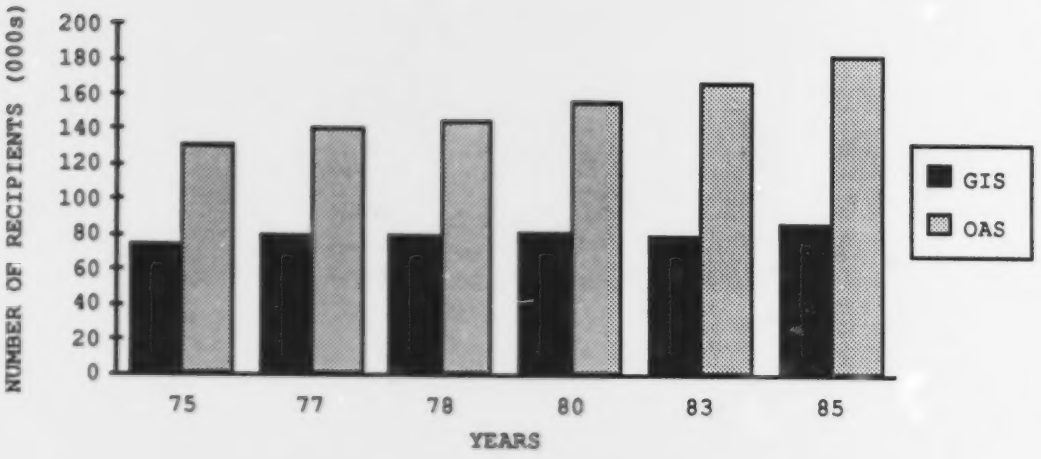
TABLE II-1

NUMBER OF RECIPIENTS OF OLD AGE SECURITY (OAS), GUARANTEED INCOME SUPPLEMENT (GIS), MAXIMUM GUARANTEED INCOME SUPPLEMENT AND PERCENTAGE OF SUPPLEMENTATION, ALBERTA, 1975-1985

	OAS	GIS	GIS/OAS	MAX/GIS	MAX/GIS
	#	#	%	#	%
August 1975	130,868	74,864	57.2	29,810	22.8
December 1977	141,115	79,551	56.4	27,571	19.5
December 1978	145,709	79,514	54.6	26,043	17.9
December 1980	155,923	81,980	52.6	23,028	14.8
December 1983	166,951	80,067	48.0	18,330	11.0
December 1985	183,017	87,570	47.8	17,674	9.7

Source: Health and Welfare Canada.

FIGURE II-1
NUMBER OF RECIPIENTS OF OLD AGE SECURITY (OAS)
AND INCOME SUPPLEMENT (GIS)
ALBERTA, 1975-85



Source: Health and Welfare Canada.

FIGURE II-2
MALE RECIPIENTS OF OLD AGE SECURITY (OAS) AND GUARANTEED INCOME SUPPLEMENT (OAS/GIS)
BY AGE, ALBERTA, DECEMBER 1985

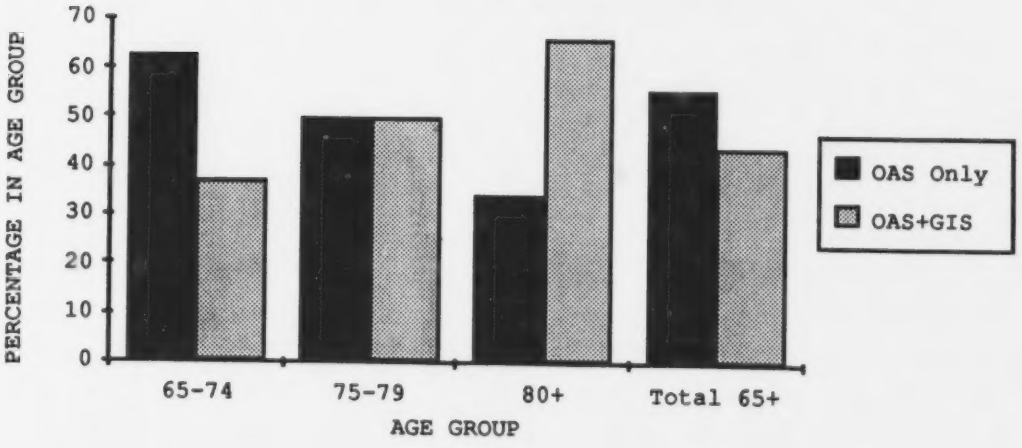
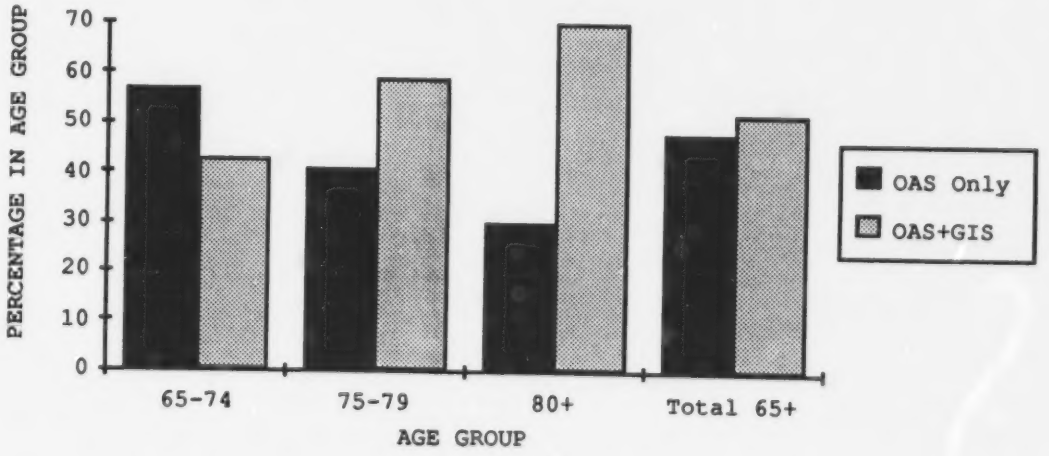


FIGURE II-3
FEMALE RECIPIENTS OF OLD AGE SECURITY (OAS) AND GUARANTEED INCOME SUPPLEMENT (OAS/GIS)
BY AGE, ALBERTA, DECEMBER 1985



Source: Health and Welfare Canada.

FIGURE II-4
PERCENTAGE DISTRIBUTION OF PERSONS ON OLD AGE SECURITY (OAS), PARTIAL GUARANTEED INCOME (GIS) AND MAXIMUM GUARANTEED INCOME SUPPLEMENT BY AGE AND SEX, ALBERTA, DECEMBER 1985

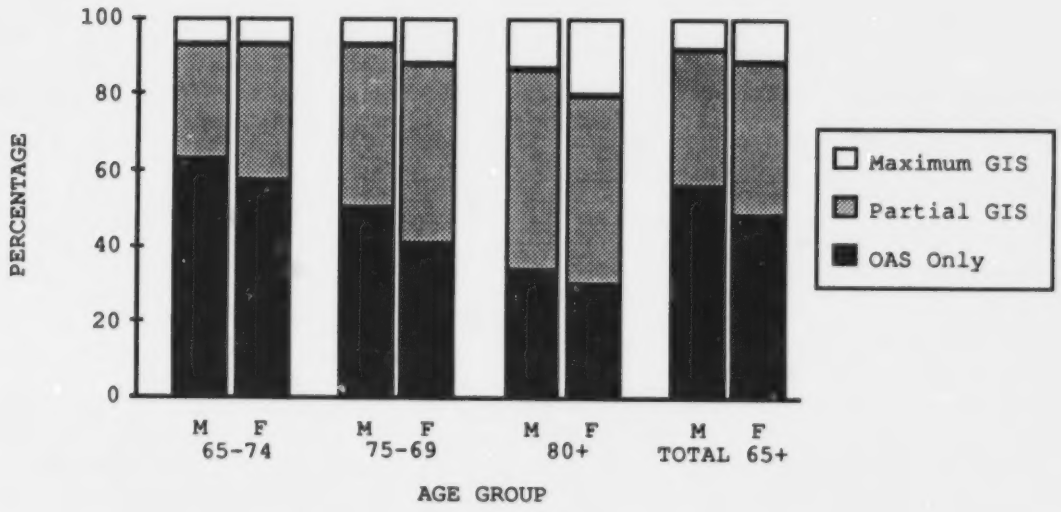
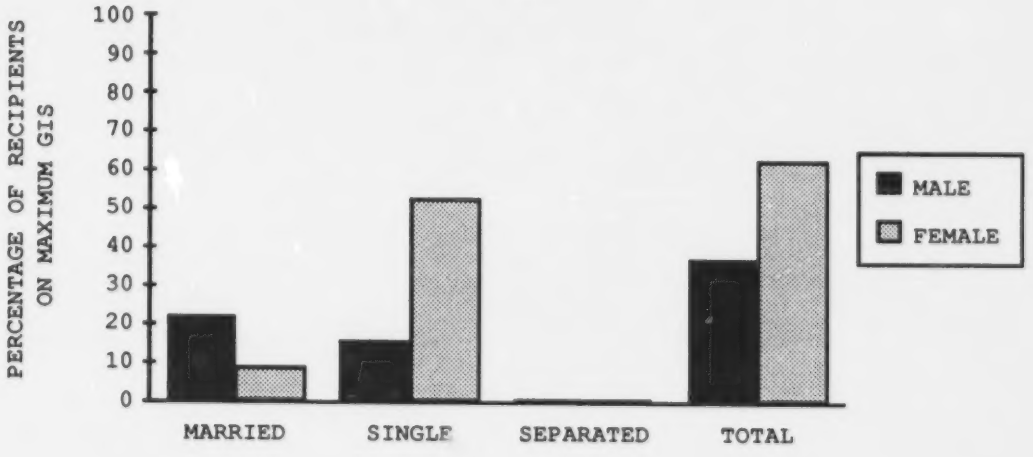


FIGURE II-5
PERCENTAGE DISTRIBUTION OF PERSONS ON MAXIMUM GUARANTEED INCOME SUPPLEMENT (GIS) BY MARITAL STATUS AND SEX, ALBERTA, DECEMBER 1985



Source: Health and Welfare Canada.

Earlier data (1981 and 1984) on OAS recipients indicate that a high percentage of the pensioners in the northern regions of the province were receiving income supplementation, while the proportion of those in Edmonton and Calgary and the area around Calgary receiving such help was much lower (Figure II-6).[28]

Even though there has been a decreasing proportion of seniors receiving income supplementation, there has been an increase in expenditures. This would be expected due to the somewhat greater numbers of seniors receiving supplements and the increase in the benefit amounts.

TABLE II-2

FEDERAL AND PROVINCIAL EXPENDITURES FOR INCOME SUPPORT PROGRAMS (OAS,GIS,AAIP), 1978/79-1985/86

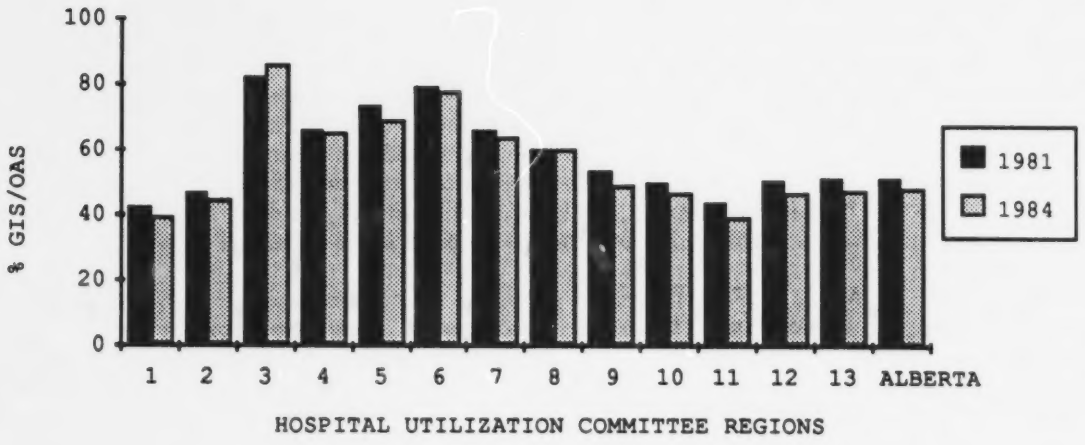
	OAS/GIS[a]	AAIP[b]
	$	$
1978/79	375,792,751	33,000,000
1979/80	429,944,077	32,000,000
1980/81	502,279,911	48,934,522
1981/82	578,441,006	60,803,385
1982/83	647,655,895	64,523,527
1983/84	702,184,900	61,449,815
1984/85	776,981,572	63,065,891
1985/86	833,510,439	61,684,251

Source: [a]Health and Welfare Canada (Figures include Spousal Allowance)

[b]Alberta Social Services

[28]See also M. Cottle and M. Engelmann, "Alberta's Seniors: Demographic and Income Support Information." Senior Citizens Bureau, August 1985. This paper compares 1981 and 1984 data on recipients of Old Age Security benefits and does so by 13 regions of Alberta.

FIGURE II-6
PERCENTAGE OF RECIPIENTS OF OLD AGE SECURITY (OAS) RECEIVING GUARANTEED INCOME SUPPLEMENT (GIS) BY HOSPITAL UTILIZATION COMMITTEE (HUCR)[a], ALBERTA, JUNE 1981 AND DECEMBER 1984



Source: Health and Welfare Canada.

[a]Hospital Utilization Committee Regions

1. Calgary
2. Edmonton
3. High Level/Fort Vermilion
4. Peace River
5. Fort McMurray
6. N.E. Alberta
7. Edmonton Area
8. Edson/Hinton
9. Lloydminster/Camrose
10. Red Deer
11. Calgary Area
12. Lethbridge
13. Medicine Hat

As of October 1986, the guaranteed income for a single pensioner in Alberta (those with no outside income and therefore completely dependent on the federal and provincial income support programs) was $739.34 a month or $8,872 a year. For a couple, both pensioners, the guaranteed income was $1,234.64 a month or $14,816 a year. The 1986 low income lines, established by the National Council on Welfare, were from $7,870 (rural) to $10,673 (population of 500,000 or over) for a single person; for a couple, $10,316 (rural) to $14,081 (500,000 or over).29

In considering this information it should be remembered that seniors in Alberta have a number of benefits which provide additional direct and indirect income support; these are described later in this section.

Other Financial Assistance

Those very few senior citizens who are not eligible for the federal and provincial income support programs for persons aged 65 and over might be in financial need and require financial assistance. Recent immigrants could be in this category. Other seniors, even those receiving OAS/GIS/AAIP, might be in financial need if, for example, they have large dependent families. These persons may be eligible for, and receiving help from, either the Alberta Assured Income for the Severely Handicapped (Table II-3) or Alberta Social Allowance (Table II-4). The amount of the former is dependent on income; the amount of the latter is dependent on income, assets and need. The Alberta Widows' Pension Program assists low income widows and widowers between the ages 55 to 59 (Table II-5) and is based on income only.

In April 1986, under 1 percent (0.6 percent) of Alberta's senior population was receiving financial assistance from these programs of the Department of Social Services. Although the numbers of older persons have increased considerably between 1980 and 1986 and the numbers receiving the Assured Income for the Severely Handicapped have increased slightly, the numbers of persons aged 65 and over receiving Social Allowance have actually decreased (perhaps due to the Alberta Widows' Pension Program).

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[29] National Council of Welfare, 1986 Poverty Lines, June 1986.

TABLE II-3

ASSURED INCOME FOR THE SEVERELY HANDICAPPED RECIPIENTS AGED 65+ BY AGE GROUP AND SEX, ALBERTA, DECEMBER 1980, MARCH 1984 AND APRIL 1986

	1980		1984		1986	
	Male	Female	Male	Female	Male	Female
	#	#	#	#	#	#
65-74	25	33	61	90	82	105
75-84	--	10	12	19	24	31
85+	52	51	58	62	2	7
65+	77	94	131	171	108	143

Source: Alberta Social Services

TABLE II-4

SOCIAL ALLOWANCE RECIPIENTS AGED 65+ BY AGE GROUP AND SEX, DECEMBER 1980, DECEMBER 1983 AND APRIL 1986

	1980		1983		1986	
	Male	Female	Male	Female	Male	Female
	#	#	#	#	#	#
65 - 74	434	699	424	562	430	342
75 - 84	110	302	127	169	110	132
85+	71	188	13	51	19	36
65+	615	1189	564	782	559	510

Source: Alberta Social Services

In the fall of 1985 the federal Government initiated an income support program for widowed persons, meeting the OAS residency requirements, who were between the ages of 60 and 65. This has affected the utilization of the Alberta Widows' Pension Program which now serves primarily persons aged 55 through 59 years and supplements in some instances the federal Government program for persons aged 60 to 65 years.

TABLE II-5

WIDOWS' PENSION PROGRAM RECIPIENTS,
ALBERTA, 1983/84 TO 1986/87

Year	Average Monthly Caseload	Percent Change
1983/84	1,960	
1984/85	3,069	+56.6
1985/86	3,562	+16.1
1986/87 (to October)	3,447	-3.2

Source: Alberta Social Services.

Housing Programs/Benefits

In the provision of programs for seniors, a stated objective of the Alberta Government is to help older persons maintain their independence.[30] The housing benefits and programs are a major effort toward achieving this goal. They assist seniors in meeting the increasing cost of housing by adding directly and indirectly to their incomes and by providing safe, comfortable and inexpensive housing.

Property Tax Reduction Benefits

These benefits are provided by the Department of Municipal Affairs. Senior homeowners may receive up to $1,000 annually in property tax reductions; these benefits are also available to homeowners receiving the Alberta Widows' Pension and widowed homeowners between the ages of 60 and 64 whose spouses were 65 years or older at time of death (see Table II-6).

[30] Alberta Social Services and Community Health, Senior Citizens in Alberta, A Position Paper, Edmonton, 1975.

TABLE II-6

PROPERTY TAX REDUCTION BENEFITS AND EXPENDITURES; ALBERTA, 1979/80, 1983/84, APRIL 1985 TO JULY 1986[a]

Year	#	$ Millions
1979/80	64,550	12.05
1983/84	84,562	48.497
April 1985 to July 1986	89,379	53.304

Source: Alberta Municipal Affairs

[a]Budget estimate, 1986/87, $66.1 million

Home Improvement Grants

Senior citizen homeowners and widowed homeowners aged 55 through 64 subject to income (no more than $23,000 annually) and residency requirements (one year), may receive grants of up to $3,000 for various types of home improvements.

From December 31, 1982 to June 30, 1986, the Seniors' Home Improvement Program provided 57,586 grants for a total expenditure of $160.8 million. Prior to this, the provincial Government had provided a total of $105 million in home improvement grants to seniors under the Alberta Pioneer Repair Program (1979 to 1982) and the Senior Citizens' Home Improvement Program (1976-1979). The budget estimate for 1986/87 is $27.3 million.[31]

Renters' Assistance Grants

Older renters as well as older homeowners are assisted financially by the Department of Municipal Affairs. Persons aged 65 and over and some widowed persons (see information under Property Tax) who are renting apartments available through the private market may receive $1,200 annually. Those in subsidized housing (apartments and lodges) may receive $600 annually and mobile homeowners renting land or space, $1,000 (see Table II-7).

Home Heating Protection Program

The Department of Transportation and Utilities provides an annual rebate of $100 to senior citizen homeowners and some widowed persons (see Property Tax): in 1985 there were 88,000 rebates for a total of $8.8 million.[32]

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[31]Alberta Municipal Affairs, Seniors' Home Improvement Program.

[32]Alberta Transportation and Utilities.

TABLE II-7
RENTERS' ASSISTANCE GRANTS; NUMBER AND EXPENDITURES
ALBERTA, 1982/83, 1983/84, APRIL 1985 TO JULY 1986[a]

	#	$ Million
1982/83	37,636	36.518
1983/84	39,716	38.882
April 1985 to July 1986	42,605	41.339

Source: Alberta Municipal Affairs.

[a]Budget estimate for 1986/87, $42.8 million.

NOTE: In 1982/83, 13,892 of the total grants went to persons in subsidized housing and 1,551 to mobile homeowners; in 1983/84 these figures were 14,058 and 1,711 respectively.

Subsidized Apartments

Alberta has subsidized apartments (self-contained units) available for senior citizens. The rent for this type of housing is 25 percent of the renter's gross monthly income (see Table II-8).

Such housing assists older people financially and also helps those who find the upkeep of a house too demanding. It can also provide social contacts and support, so that even quite frail persons are able to live independently.

These units are built and owned by the Alberta Mortgage and Housing Corporation. They are managed by municipal foundations and voluntary associations. Annual subsidies for these units (to meet the operating and mortgage costs) are provided by the federal and provincial governments. As of April 1986, these apartments had an overall vacancy rate of 11.4 percent.

TABLE II-8

SELF-CONTAINED UNITS; NUMBER OF PROJECTS, APARTMENTS
AND EXPENDITURES, ALBERTA 1979/80 - 1985/86

	Projects	Units	Capital Million	Subsidies Million
1979/80	149	5,421	62.9	11.3
1985/86	432	13,405	16.0	74.0

Source: Alberta Mortgage and Housing Corporation

There are also apartments for older people which have been built with one-third grants from the Corporation (1,351 units in 19 projects in 1986) and 514 cottages located on the property of the lodges (see information on lodges). These apartments and cottages are rented for a flat rate, below the average available through the private market. Low-rental units for seniors (9,589 in 1982) are also available in apartment complexes built by non-profit corporations and private developers. Housing registries for seniors are located in four urban areas: Edmonton, Calgary, Lethbridge and Medicine Hat.

Health Programs/Services

Older people in Alberta and their dependents are covered by the Alberta Health Care Insurance Plan, for which they pay no premiums and which covers their medical and hospital costs. They also receive Extended Health Benefits which, together with the insurance plan, ensure that senior citizens are not denied access to needed health care for financial reasons. In addition, like persons of all ages, they are able to receive the services provided by health units. The utilization of these services gives us a partial picture of the health status of senior citizens in the province.

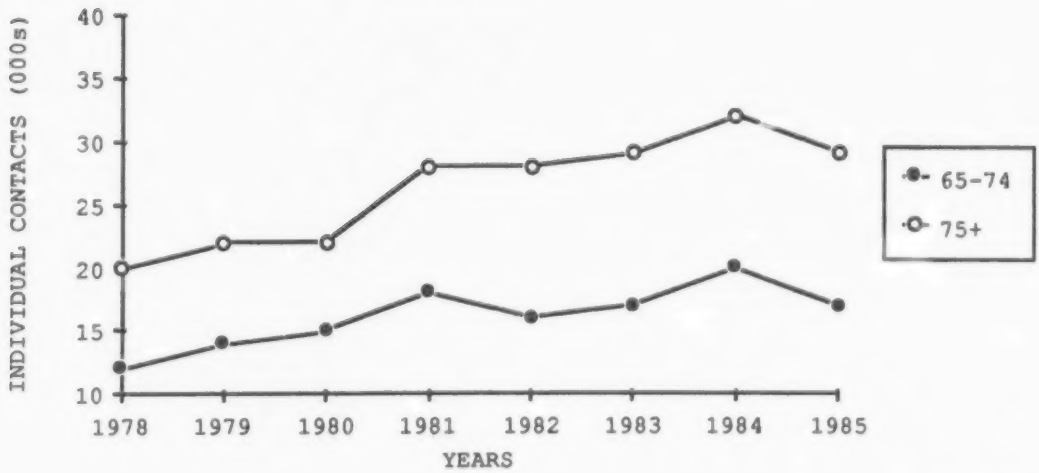
Community Health Nursing Services

There are 27 health units in Alberta, administered by boards composed primarily of municipal council members and funded entirely by the Department of Community and Occupational Health. Their staff of community health nurses deliver a service to individuals, families and groups, the focus of which is the promotion, protection and maintenance of health.

In 1986, seniors received approximately 7 percent of the community health nurses' direct service time. This reflects the provincial average, however, and there is considerable variation among health units. In 1976, a nursing position was funded in each of the ten health units with the largest percentage of seniors in the population, to enhance services for older people, but since then there has been no other funding specified for seniors' programs. It is therefore up to the individual health unit to determine the amount of service to be provided to seniors.

As indicated in Figure II-7, over the period 1978 to 1985 the number of individual contacts provided by the community health nurses increased until 1984 and then dropped slightly. The percentage of total hours spent by community health nurses in direct service has also decreased slightly, from 7.4 percent in 1981 to 7.1 percent in 1986 (Table II-9). The number of screenings and health assessments as shown in Table II-10 has increased for the 75+ age group but decreased for those aged 65-74 from 1983 to 1985.

FIGURE II-7
COMMUNITY HEALTH NURSING SERVICE; TOTAL NUMBER OF INDIVIDUAL CONTACTS FOR PERSONS 65+ BY AGE GROUP, ALBERTA, 1978-1985[a]



Source: Alberta Community and Occupational Health, Local Authorities Nursing Programs, Alberta Computerized Nursing Activities Reporting System (ACNARS).

[a]Figures for 1985 reflect decreased services probably due to a strike by Community Health Nurses in 8 health units for up to 10 months.

TABLE II-9

COMMUNITY HEALTH NURSING SERVICES; NUMBER OF TOTAL DIRECT SERVICE HOURS AND PERCENT OF HOURS SPENT WITH 65+, ALBERTA 1981-1986

	1981	1982	1983	1984	1986
Hours Spent in Direct Service	46,616	43,776	44,153	45,198	41,397
% of Total Direct Service Time With 65+	7.4%	7.52%	7%	7%	7.10%

Source: Alberta Community and Occupational Health, Local Authorities Nursing Programs, Alberta Computerized Nursing Activities Reporting System (ACNARS),

[a]Figures for 1985 reflect decreased services probably due to a strike by Community Health Nurses in 8 health units for up to 10 months.

TABLE II-10

COMMUNITY HEALTH NURSING SERVICE; NUMBER OF SCREENINGS AND ASSESSMENTS FOR PERSONS AGED 65-74 and 75+ ALBERTA, 1983 - 1985

Year	65-74 Years	75+ Years
1983	30,748	40,692
1984	32,338	44,039
1985	28,560	54,245

Source: Alberta Community and Occupational Health, Local Authorities Nursing Programs, Alberta Computerized Nursing Activities Reporting System (ACNARS),

[a]Figures for 1985 reflect decreased services probably due to a strike by Community Health Nurses in 8 health units for up to 10 months.

The number of seniors attending group sessions for health education has decreased from 1983 to 1986 for both age groups.

Medical Services

Considering the reality that chronic illness is more prevalent in the later years of life, older people do not appear to use a disproportionately large number of medical services, though the average number of services used per 1,000 individuals has increased (Table II-11 and Figure II-8) for both the older age group and for all ages.

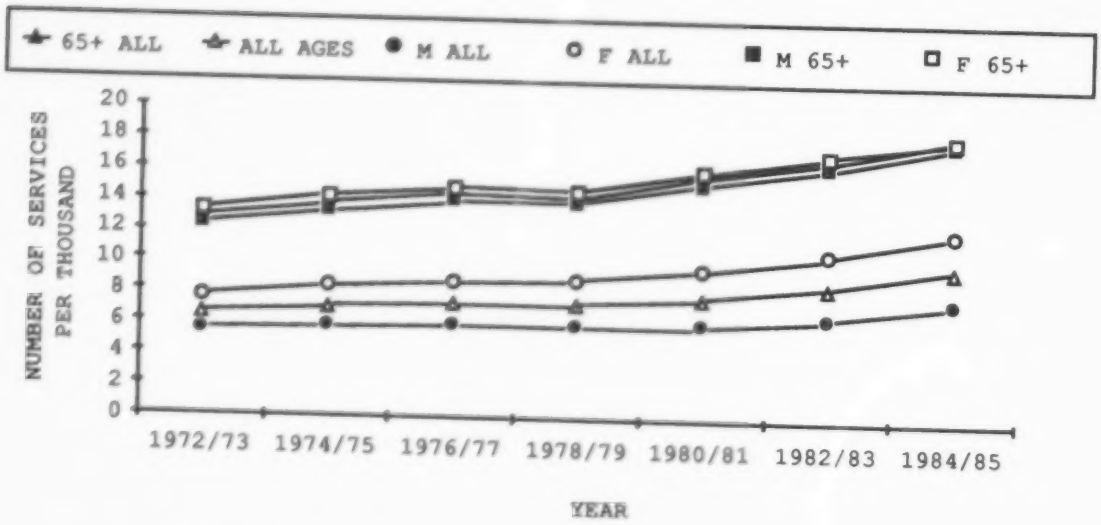
TABLE II-11

MEDICAL SERVICES; UTILIZATION BY 65+ AND BY ALL AGES
ALBERTA, 1972/73 TO 1984/85

Year	Age Group	Services Per 1,000 #
1972/73	65+	12,813
	All	6,633
1974/75	65+	13,743
	All	7,073
1976/77	65+	14,408
	All	7,327
1978/79	65+	14,280
	All	7,434
1980/81	65+	15,609
	All	7,839
1982/83	65+	16,755
	All	8,632
1984/85	65+	18,334
	All	9,867

Source: Alberta Hospitals and Medical Care, Health Care Insurance Commission, Annual Reports for the Years Ended June 30, 1973, 1975, 1977; Health Care Insurance Plan, Annual Reports, for the Years Ended March 31, 1979, 1981, 1983; Annual Report, 1984-85.

FIGURE II-8
MEDICAL SERVICES; UTILIZATION BY 65+ AND BY ALL AGES
BY SEX, ALBERTA, 1972/73 - 1984/85



Source: Alberta Hospitals and Medical Care, Health Care Insurance Commission, Annual Reports for the Years Ended June 30, 1973, 1975, 1977; Health Care Insurance Plan, Annual Reports, for the Years Ended March 31, 1979, 1981, 1983; Annual Report 1984-85.

As would be expected, expenditures on the average per individual have increased. While women aged 65 and over and women of all ages used on the average more services than men, for men on the average (both for those aged 65 and for all ages) the expenditures were higher (Table II-12 and Figure II-9). It is estimated, that in 1984/85, expenditures for medical services for persons aged 65 and over (not including dependants) were $72,959,673.[33]

TABLE II-12

MEDICAL SERVICES; AVERAGE EXPENDITURES FOR MEN AND WOMEN AGED 65+, ALBERTA, 1979/80 - 1984/85

Year	Men	Women
1979/80	194.31	183.71
1980/81	227.48	217.62
1981/82	270.00	256.35
1983/84	377.02	360.71
1984/85	392.83	379.73

Source: Alberta Hospitals and Medical Care, Health Care Insurance Plan, Annual Reports, Years Ended March 31, 1980, 1982, 1984; Annual Report, 1984-85.

For the period 1979/80 to 1984/85, the services most frequently used by persons aged 65 and over were office visits, hospital visits and pathology services. Women used (on average) more office visits and men (on average) more hospital visits.[34]

Extended Health Benefits

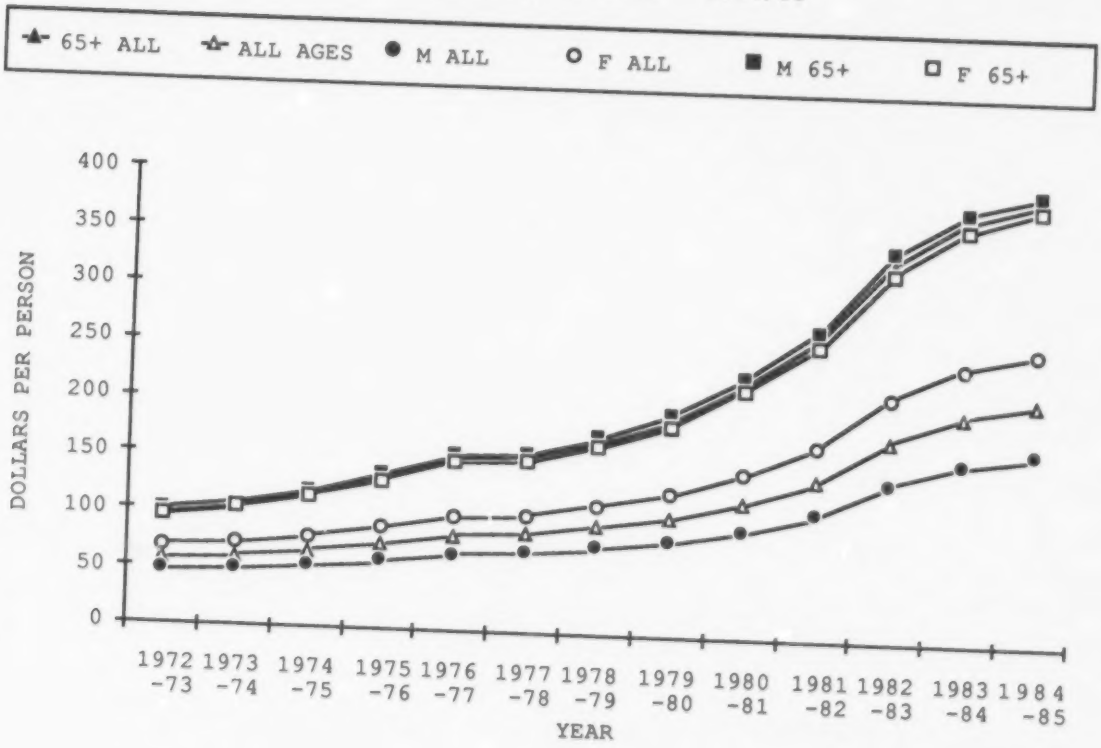
Persons aged 65 and over and their dependants, covered under the Alberta Health Care Insurance Plan, are eligible for Extended Health Benefits. Most of the costs of eyeglasses and dental care are covered through a program of the Department of Hospitals and Medical Care. The costs of hearing aids, medical equipment, surgical supplies and appliances are covered up to established amounts through a program of the Department of Community and Occupational Health.

As might be expected, the number receiving these benefits and the expenditures have been increasing (Tables II-13 and II-14, and Figure II-10).

[33]Alberta Hospitals and Medical Care, Health Care Insurance Plan, Annual Report, 1984-85; information provided by Alberta Hospitals and Medical Care, 1986.

[34]See Source for Table II-12.

FIGURE II-9
MEDICAL SERVICES; AVERAGE EXPENDITURES PER PERSON FOR 65+ AND FOR ALL AGES BY SEX, ALBERTA, 1972/73 - 1984/85



Source: Alberta Hospitals and Medical Care, Health Care Insurance Commission, Annual Reports for the Years Ended June 30, 1973, 1975, 1977; Health Care Insurance Plan, Annual Reports, for the Years Ended March 31, 1979, 1981, 1983; Annual Report 1984-85.

TABLE II-13

EXTENDED HEALTH BENEFITS, ALBERTA HOSPITALS AND MEDICAL CARE; NUMBER OF PATIENTS AND EXPENDITURES, 1976/77 - 1984/85

	Patients	Expenditures $ Millions
1976/77		
Dentists & Dental Mechanics	46,599	7.22
Optometrists	17,022	.711
Ophthalmic Dispensers	11,701	.517
		8.448
1980/81		
Dentists & Dental Mechanics	69,741	12.72
Optometists	18,717	1.13
Ophthalmic Dispensers	15,454	.968
		14.818
1984/85		
Dentists and Dental Mechanics	74,185	21.04
Optometrists	21,469	2.16
Ophthalmic Dispensers	21,609	2.15
		25.35

Source: Alberta Hospitals and Medical Care, Health Care Insurance Commission, Annual Report, for the Year Ended June 30, 1977; Health Care Insurance Plan Annual Report for the Year Ended March 31, 1981; Annual Report, 1984/85.

NOTE: In 1985/86 the expenditures were $26 million and the budget estimate for 1986/87 was $35.9 million.

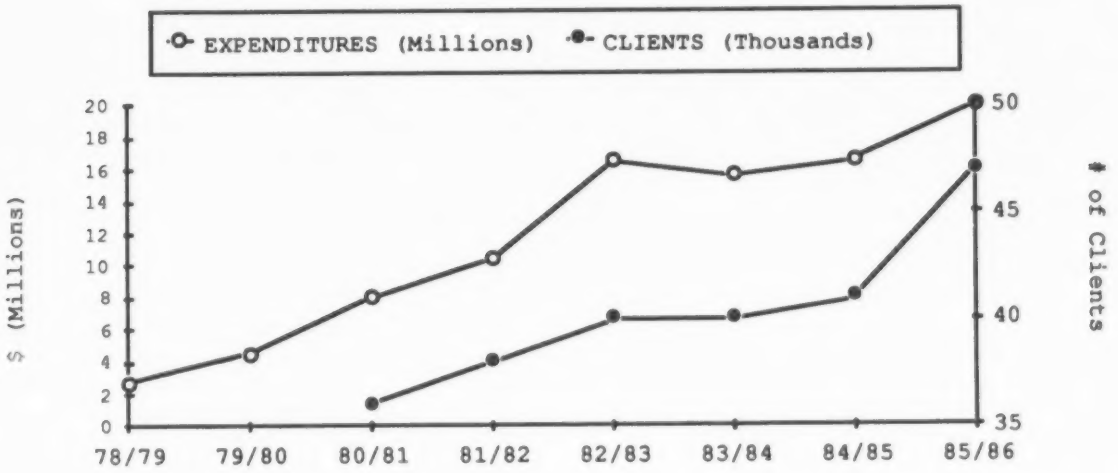
TABLE II-14

EXTENDED HEALTH BENEFITS, ALBERTA COMMUNITY AND OCCUPATIONAL HEALTH; NUMBER OF CLIENTS AND EXPENDITURES 1978/79 - 1985/86

Year	Expenditures ($ Millions)	Clients (Thousands)
1978/79	$ 2.7	(not available)
1979/80	4.5	(not available)
1980/81	8.0	36
1981/82	10.4	38
1982/83	16.5	40
1983/84	15.6	40
1984/85	16.6	41
1985/86	20.0	47

Source: Alberta Community and Occupational Health, Aids To Daily Living Program.

FIGURE II-10
EXTENDED HEALTH BENEFITS,
ALBERTA COMMUNITY AND OCCUPATIONAL HEALTH;
NUMBER OF CLIENTS AND EXPENDITURES, 1978/79 - 1985/86



Source: Alberta Community and Occupational Health Aids To Daily Living Program.

Blue Cross Benefits

Senior citizens and their dependants are also provided with a Blue Cross benefit package (at no charge) which covers 80 percent of the cost of prescription drugs and the cost of ambulance charges and some other services (see Table II-15). The Blue Cross Plan is reimbursed by the Alberta Health Care Insurance Plan for claims expenditures and associated administrative costs.

TABLE II-15

ALBERTA BLUE CROSS; NON-GROUP BENEFITS AND ADMINISTRATIVE EXPENDITURES FOR PERSONS 65+ AND DEPENDANTS[a] AND FOR OTHER NON-GROUP MEMBERS, 1979/80 - 1984/85

Year	Expenditure
	$ Million
1979/80	31.4
1981/82	42.1
1984/85	74.4

Source: Alberta Hospitals and Medical Care, Health Care Insurance Plan Annual Reports for the Years Ended March 31, 1980, 1982; Annual Report 1984/85.

[a]It is difficult to estimate what proportion of the above expenditures might have been for seniors; about 50 percent of persons covered in 1984/85 were 65+.

Active Treatment (General) Hospitals

Older persons, as might be expected, use a greater proportion of active treatment hospital patient days and make up a larger proportion of the separations from these hospitals than their proportion in the general population. (As indicated earlier, the elderly were 8.1 percent of the Alberta population in 1986.) In 1983/84 persons aged 65 and over used 34 percent of the patient days and accounted for 18 percent of the separations (Table II-16). Recent information from the Department of Hospitals and Medical Care indicates that in 1984/85 seniors used 35 percent of the total days and were 19 percent of the separations.

The separations and average length of stay data indicate that it was not that a large number of older individuals used the hospitals, rather persons aged 65 and over tended to have long hospital stays.

It would be interesting to determine the actual number of individuals using the hospitals and to examine their use of other health and related

services to determine if they have certain common characteristics which put them more at risk.[35]

The percentage of patient days used by older persons increased slightly between 1976 and 1983/84, from 33 to 33.7 percent, having risen in 1980/81 to almost 37 percent. During that time the proportion of seniors in the total population increased only slightly (Table II-17).

TABLE II-16

ACTIVE TREATMENT HOSPITALS; SEPARATIONS AND PATIENT DAYS BY AGE GROUPS 0 - 64 and 65+ AND BY SEX, ALBERTA, 1983/84.

Age Group	Sex	Separations		Days Stay	
		#	%	#	%
0-64	M	148,237		974,676	
	F	221,903		1,252,788	
	T	370,140	82.5	2,226,464	66.3
65+	M	39,059		525,982	
	F	39,376		604,495	
	T	78,435	17.5	1,130,477	33.7
TOTAL	M	187,296		1,500,658	
	F	261,279		1,856,283	
	T	448,575	100	3,356,941	100

Source: Alberta Hospitals and Medical Care, unpublished data, 1986.

[35] It is estimated that, in Ontario in 1976, 10.4 percent of the patients aged 65+ used 39.7 percent of the patient days used by that age group in that year (M.J. Gross and C.W. Schwenger, Health Care Costs for the Elderly in Ontario, 1976-2026. Toronto: Ontario Economic Council, 1981). A University of Manitoba research study has demonstrated that a very small proportion of the elderly consume most of the hospital days used by those aged 65 and over (Alberta Hospital Association, Canada's Aging Population: "Crisis" or Commitment? 1986 Presidential Papers, Edmonton, Alberta, 1986).

TABLE II-17

ACTIVE TREATMENT HOSPITALS; TOTAL DAYS STAY[a] BY AGE GROUPS 0 - 64 AND 65+, ALBERTA, 1976, 1977, 1978, 1980/81, 1983/84

	0-64	65+	Total Days	% Used By 65+
1976	2,109,104	1,038,132	3,147,236	33
1977	2,044,218	1,039,529	3,083,747	33.7
1978	2,047,884	1,077,087	3,124,971	34.5
1980/81	1,865,481	1,079,189	2,944,670	36.7
1983/84	2,226,464	1,130,477	3,356,941	33.7

Source: 1976, 1977, 1978, see footnote 2;
1980/81, Alberta Hospitals and Medical Care, Systems and Data Processing; Professional Activity Survey (PAS) file based upon separation data (file not fully edited);
1983/84, Alberta Hospitals and Medical Care, upublished data, 1986.

[a]Total days since admission for those separated in that year.

However, if one looks at the patient days and separations per 1,000 persons aged 65 and over, one finds that there has actually been a slight decrease in the utilization of active treatment hospitals. This was true also for the total population (Table II-18 and Figures II-11 and 12).

TABLE II-18

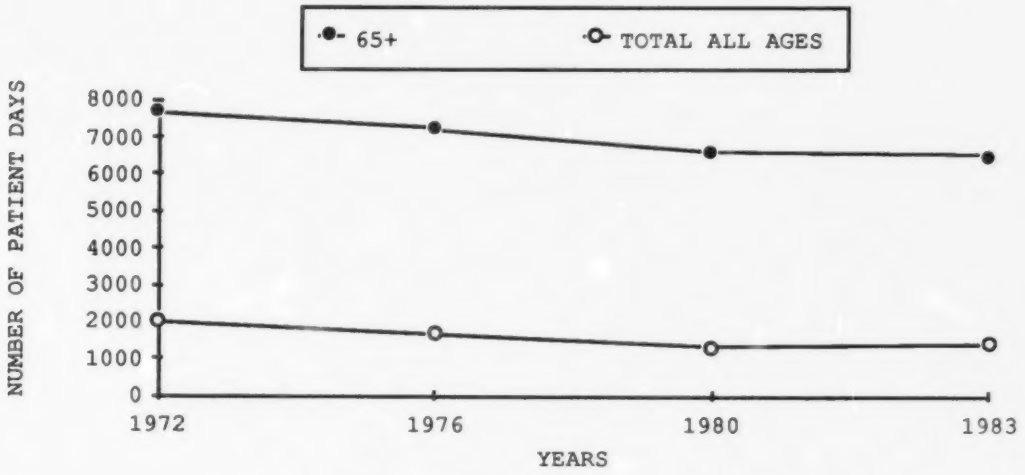
ACTIVE TREATMENT HOSPITALS; SEPARATIONS, AVERAGE LENGTH OF STAY AND PATIENT DAYS[a] PER 1,000 65+ AND TOTAL POPULATION, ALBERTA, 1972, 1976, 1980/81, 1983/84

Year		Separations Per 1,000 Population	Average Length Of Stay	Patient-Days Per 1,000 Population
1972	65+	471	16.3	7,669
	Total All Ages	224	9.0	2,027
1976	65+	452	16.0	7,238
	Total All Ages	201	8.4	1.692
1980/81	65+	404	16.2	6,605
	Total All Ages	160	8.2	1,316
1983/84	65+	449	+	6,478
	Total All Ages	192	+	1,433

Source: 1972 and 1976, see footnote 2;
1980/81, Alberta Hospitals and Medical Care, Systems and Data Processing, Professional Activity Survey (PAS) file based on separation data (file not fully edited);
1983/84, Alberta Hospitals and Medical Care, unpublished data, 1986.

[a]Total days since admission for those separated in that year.

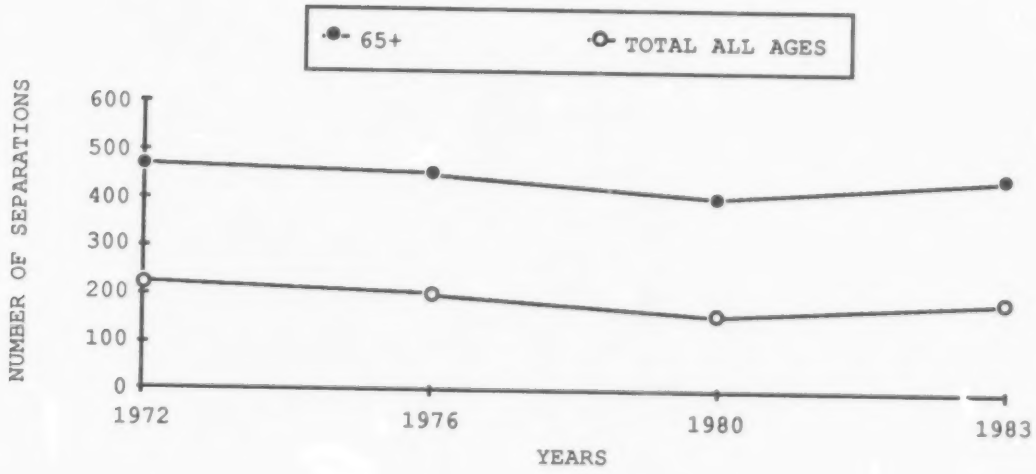
FIGURE II-11
ACTIVE TREATMENT HOSPITALS; PATIENT DAYS PER 1,000 FOR 65+ AND FOR TOTAL POPULATION, ALBERTA, 1972/73 - 1984/85[a]



Source: 1971 and 1976, see footnote 2;
1980/81, Alberta Hospitals and Medical Care, Systems and Data Processing, Professional Activity Survey (PAS) file based on separation data (file not fully edited);
1983/84, Alberta Hospitals and Medical Care, unpublished data, 1986.

[a]Total days since admission for those separated that year.

FIGURE II-12
ACTIVE TREATMENT HOSPITALS; SEPARATIONS PER 1,000 FOR 65+
AND FOR TOTAL POPULATION, ALBERTA,
1972 - 1983/84[a]



Source: 1971 and 1976, see footnote 2;
1980/81, Alberta Hospitals and Medical Care, Systems and Data Processing, Professional Activity Survey (PAS) file based on separation data (file not fully edited);
1983/84, Alberta Hospitals and Medical Care, unpublished data, 1986.

[a]Total days since admission for those separated that year.

The greatest number of patient days used by older persons in 1983/84 was attributed to diseases of the circulatory system followed by diseases of the digestive system, respiratory system and injury and poisonings, respectively (see Table II-19). This was very similar to the information available from 1976, 1977 and 1978. At that time diseases of the circulatory system accounted for the greatest use of patient days, followed by accidents, poisoning and violence and thirdly neoplasms.[36]

TABLE II-19

ACTIVE TREATMENT HOSPITALS; UTILIZATION FOR THE LEADING REASONS FOR HOSPITALIZATION (BY ICD-9-CM DIAGNOSES), SEPARATIONS, DAYS STAY AND AVERAGE LENGTH OF STAY (ALOS) FOR 65+ BY SEX, ALBERTA, 1983/84.

		Separations		Days Stay		ALOS
		#	%	#	%	Range
Diseases of the Circulatory System	M	8,842		130,271		13-20
	F	8,700		146,308		13-24
	T	17,542	22.4	276,579	24.5	
Diseases of the Digestive System	M	4,903		53,859		10-16
	F	4,921		60,811		11-20
	T	9,824	12.5	114,670	10.1	
Diseases of the Respiratory System	M	4,617		59,182		14-18
	F	3,242		41,074		9-20
	T	7,859	10.0	100,256	8.9	
Injury & Poisoning	M	2,495		38,822		14-18
	F	3,739		75,299		14-30
	T	6,234	8.0	114,121	10.1	
TOTAL	M	39,050		525,982		
	F	39,376		604,495		
	T	78,435[a]	100[a]	1,130,477[a]	100[a]	

Source: Alberta Hospitals and Medical Care, unpublished data, 1986.

[a]Includes all other reasons for hospitalization.

[36]Senior Citizens Bureau, op, cit.

It is difficult to estimate the active treatment hospital expenditures for older persons; however, Table II-20 shows the operating expenditures (not capital) for these facilities from 1980/81 to 1984/85.

TABLE II-20

ACTIVE TREATMENT HOSPITALS; OPERATING EXPENDITURES
ALBERTA 1980/81 - 1984/85

Year	Expenditures $ millions
1980/81	650.8
1981/82	828.4
1982/83	1,105.1
1983/84	1,200.5
1984/85	1,228.8

Source: Alberta Hospitals and Medical Care, Annual Reports, 1980/81; 1981/82; 1982/83; 1983/84; 1984/85.

Community Support Services, Recreational and Educational Programs

These programs and services are used primarily, though not only, by "well" older persons. It is believed that these are important in maintaining the morale and well-being of seniors and while their role in preventing unnecessary disability and/or dependency in the later years of life is difficult to measure, it is thought to have an influence.[37]

Federal New Horizons Program

The federal Government provides the New Horizons program through which funding is made available to groups of ten or more retired persons to carry out projects chosen by the group (see Table II-21). The projects have been and are of a social, recreational, cultural, historical and service nature. Increasingly, however, this funding has assisted seniors in carrying out service projects such as telephone reassurance and friendly visiting.

TABLE II-21

NEW HORIZONS; PROJECTS AND FUNDING,
ALBERTA, 1978/79-1985/86

	Number of Projects[a]	Funding $ millions
1978/79	126	.703
1979/80	142	.774
1980/81	143	.876
1981/82	141	.839
1982/83	139	.866
1983/84	138	.913
1984/85	141	.898
1985/86	122	.853

Source: Health and Welfare Canada, New Horizons Program

[a]Projects have included arts and crafts and indoor recreation (the major projects each year), historical projects, drop-in centres, cultural (drama, choirs), outdoor recreation and service projects.

[37]A paper, "The Preventive Approach, Preventive Programs and Alberta's Seniors," prepared by the Senior Citizens Secretariat in 1986, discusses the concept of "prevention" as it relates to older people and also discusses some of the key programs.

Educational Opportunities

The Department of Advanced Education, Further Education Services, has provided three grants for special educational programs for older people. In 1985/86 the following organizations received funding:

The University of Alberta	$28,350
The University of Calgary	$29,520
Kerby Centre, a senior centre in Calgary	$30,000

In addition, seniors are able to participate in the general further education programs available in Alberta communities and subsidized through Further Education grants. In 1985/86, $4,756,000 helped defray the costs of non-credit courses in which 340,875 adults participated.[38]

Sport, Recreation and Cultural Programs

The Department of Recreation and Parks, through the Alberta Sports Council, supports the Senior Games which are held every second year in the province ($200,000 for the 1986 Games) co-sponsored with the Alberta Senior Citizens Sport and Recreation Association (see Section III).

The Department of Recreation and Parks has also been active in developing training programs for fitness instructors for seniors, cooperating with municipal recreation departments and community colleges. Through the Major Cultural Recreational Development Program, replaced now by the Community Recreational Cultural Program, the Department of Recreation and Parks and the Department of Culture have provided primarily capital (now some operational) funding for senior centre facilities. Information on the amounts provided specifically for seniors' projects is not available.[39]

Through the Department of Culture grants are available to senior citizens centres or organizations serving seniors to assist with the purchase of equipment or with renovations (an annual grant of $1,000 and up to $3,000 in matching funds). In 1985/86 the Senior Citizens Facility Grant Program provided 345 grants for an expenditure of $715,342.[40]

Senior Citizens Centres

As of December 1986, there were 355 identified senior citizens centres in Alberta which had indicated a willingness to place their names and addresses on a list available from the Senior Citizens Secretariat. These were community organizations or programs located in facilities (usually independent facilities) and in almost all instances operated by voluntary associations of

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[38]Alberta Advanced Education, Further Education Services. The number of seniors participating is not known.

[39]Alberta Recreation and Parks, 1986.

[40]Alberta Culture, Facility Grant Program, 1986.

older persons. Identification as a senior citizens centre required that the facility be open at least one and one half days a week.

The majority of the centres provided social and recreational opportunities mainly during the day. Two of the large centres were recreation centres operated by the City of Edmonton Parks and Recreation Department. Many of the centres did not have paid staff and raised their own funding (with some help from New Horizons and Alberta Culture).

A number of centres in 1983/84, received financial assistance for operating costs from the Family and Community Support Services Program (FCSS), a joint effort of the Department of Community and Occupational Health and municipalities.[41]

The large centres funded by FCSS and located in the urban areas provided many services as well as educational and recreational opportunities. These services included information and referral, counselling (including health counselling) and some health services, housing registries, noon meals, friendly visiting, telephone reassurance and other outreach services.

Family and Community Support Services (FCSS)

Family and Community Support Services (FCSS) is a joint funding/community development program of municipalities and the Department of Community and Occupational Health, in which the initiative is dependent upon the municipality. The Department provides per capita grants to the municipalities in the 110 FCSS programs. The allocation is based on the population residing within the FCSS program's boundaries. Not all of Alberta's municipalities are in the program but about 90 percent of the total population is covered. In 1985/86 the provincial FCSS funding was $25.3 million (1986/87 budget estimates, $31.6 million).[42]

At least 20 percent of the net cost of operating an FCSS program must come from municipal or local sources. The municipality is responsible for organizing, operating and evaluating the local FCSS program. FCSS funds can be used for a variety of community programs but not, however, for recreational or rehabilitative programs or for direct financial assistance.

Most FCSS programs place a priority on service to seniors (Table II-22). However, there are great variations across the province.[43]

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[41] Alberta Community and Occupational Health, Family and Community Support Services.

[42] Ibid.

[43] A paper prepared by the Family and Community Support Services Association of Alberta and the Senior Citizens Secretariat, "FCSS Programming and Prevention for Seniors," 1986, discusses ways in which FCSS programs work with seniors and ways in which they can expand their efforts.

TABLE II-22

FAMILY AND COMMUNITY SUPPORT SERVICES; FUNDING FOR SENIORS' PROJECTS, ALBERTA, 1984

	Rural	Calgary/Edmonton	Total
TOTAL FCSS FUNDING AS PER AVAILABLE INFORMATION	$8,970,401	$15,221,444	24.2 m.
FCSS FUNDING FOR SENIORS' PROJECTS	$3,240,745	$4,303,957	7.5 m.
PERCENT OF SENIORS' FUNDING OUT OF TOTAL	36%	28%	31%

Source: Alberta Community and Occupational Health, Family and Community Support Services

A number of services were provided by these FCSS projects in 1983 and 1984. They are listed in Table II-23.

It should be noted that the larger senior centres provide a number of these services.

TABLE II-23
TYPES OF SERVICES PROVIDED BY ALL FCSS SENIORS' PROJECTS[a]

SERVICE PROVIDED BY PROJECT	RURAL		CALGARY		EDMONTON	
	NO. OF PROJECTS PROVIDING SERVICE	% OUT OF TOTAL PROJECTS	NO. OF PROJECTS PROVIDING SERVICE	% OUT OF TOTAL PROJECTS	NO. OF PROJECTS PROVIDING SERVICE	% OUT OF TOTAL PROJECTS
SOCIAL/RECREATIONAL CENTRE	35	30%	15	58%	9	82%
INFORMATION AND REFERRAL	28	24%	16	62%	8	73%
HOMEMAKER	48	41%	2	8%	-	-
MEALS ON WHEELS	48	41%	1	4%	1	9%
VISITATION	31	27%	13	50%	3	27%
TRANSPORTATION	34	29%	9	35%	3	27%
HOME HELP	33	28%	7	27%	1	9%
OUTREACH	18	15%	12	46%	7	64%
HANDYMAN	31	27%	-	-	-	-
SHOPPING	23	20%	6	23%	2	18%
COORDINATION	11	9%	13	50%	6	55%
VOLUNTEER TRAINING AND DEVELOPMENT	13	11%	9	35%	7	64%
VOLUNTEER REFERRAL	9	8%	4	15%	3	27%
CRAFTS	7	6%	3	12%	5	46%
FITNESS/EXERCISE	5	4%	5	19%	4	36%
EDUCATION	4	3%	5	19%	4	36%
FINANCIAL/LEGAL HELP	5	4%	4	15%	3	27%
HEALTH EDUCATION	5	4%	3	12%	4	36%
CONGREGATE MEAL SERV.	2	2%	3	12%	6	55%
TELEPHONE REASSURANCE	2	2%	4	15%	1	9%
COUNSELLING	2	2%	-	-	3	27%
CULTURAL PROGRAMMING	-	-	-	-	3	27%
COMMUNITY DEVELOPMENT	-	-	1	4%	1	9%
RESPITE CARE	2	2%	-	-	-	-
LIFELINE	1	1%	-	-	-	-
SENIORS ASSISTING SENIORS	-	-	1	4%	-	-

Source: Alberta Community and Occupational Health, Family and Community Support Services
Rural and Edmonton 1983; Calgary 1984
[a]Percentages calculated using bases of 117 seniors' projects for the rural region, 26 for Calgary and 11 for Edmonton (Annual Report information provided data on that many programs.)

Transportation Services

The Department of Transportation and Utilities assists municipalities without public transit in the development of specialized services for senior citizens and the handicapped. Unconditional grants are provided to towns, villages, municipal districts, counties, improvement districts and special areas without public transit; yearly grants are $3.00 per capita, based on their annual census population. The funds may be used to establish or assist in the establishment of a particular transportation service or the direct subsidization or upgrading of existing taxi/transportation services.

Urban areas operating public transit services are also aided in developing specialized services. All receive an annual grant based on population to assist in reducing the transit operating deficit of the regular system as well as to assist in providing for special transportation services for the elderly and disabled ($11.00 per capita in 1985/86). Nine areas received the grant: Calgary, Edmonton, Fort McMurray, Grande Prairie, Lethbridge, Medicine Hat, Red Deer, St. Albert and the County of Strathcona. Four other urban areas without public transit (Camrose, Drumheller, Wetaskiwin and Lloydminster) received $3.00 per capita.

Total expenditures as shown in Table II-24 have increased from 1980/81 to 1985/86.

TABLE II-24

EXPENDITURES FOR SPECIALIZED TRANSPORTATION SERVICES, ALBERTA 1980/81 - 1985/86

Year	Areas Without Public Transit $ million	Areas With Public Transit $ million
1980/81	1.44	9.73
1981/82	1.49	12.40
1982/83	1.57	13.85
1983/84	1.61	14.48
1985/86	2.3	16.3

Source: Alberta Transportation and Utilities

Municipalities are now asked to report on the use of these grants. In the rural areas they have been used in many different ways.[44] Both the City of Edmonton and the City of Calgary have specialized transportation services for disabled persons and provide city bus passes at very minimal cost.

[44] A report describing use of the grants in the rural areas is available from the Department or from the Senior Citizens Secretariat.

Outside of the two major urban areas there were, in 1983, handibus services in 55 different communities.[45]

B. SERVICES FOR PERSONS WITH SPECIAL NEEDS

Some older persons, possibly 20 to 30 percent of the population aged 65 and over (see Section I Demographic Characteristics), have functional limitations, (physical and/or mental) which hinder their abilities to carry out the crucial tasks of daily living. Many of these seniors receive help from families and friends. (An indication of this was shown in a survey in one Alberta community.)[46] Others receive help through organized services provided by municipal and provincial Governments, voluntary organizations and private enterprise. Although there is some voluntary funding and in some instances people pay a fee for the service provided, the greatest source of financial support for these services appears to be public funding.

Community Health and Support Services

The Coordinated Home Care Program

This program, funded in total by the Department of Community and Occupational Health and delivered by the 27 Health Units, is the major source of home-delivered health and support services. Basic services include nursing, personal care and homemaker/home-help services. Optional services may include physiotherapy, occupational therapy, speech therapy, respiratory therapy, heavy housework, handyman services, meals-on-wheels, friendly visiting, temporary use of certain equipment, dressings, medications and transportation services (volunteer services). Following a two-week period, clients pay a small fee for the support services (except for those who receive the Guaranteed Income Supplement, Widows Allowances or Social Allowance).

The Home Care Program started in 1978. Its growth is evident from data on its increased utilization and funding (Table II-25).

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[45] Information collected by Alberta Community and Occupational Health, Home Care Unit, 1983.

[46] D. Blair, "Use of Formal and Informal Support Resources by Elderly in a Rural Community." A thesis submitted to the Faculty of Graduate Studies in Partial Fulfillment of the Requirements for the degree of Master of Science, Department of Medical Science, The University of Calgary, Calgary, Alberta, September 1981.

TABLE II-25

COORDINATED HOME CARE PROGRAM; UTILIZATION AND FUNDING, ALBERTA, 1980/81 - 1986/87

	Average Monthly Caseload	Total Cases Seen	Funding $ million
1980/81	4,883 (1980)	not available	10.5
1981/82	6,497 (1981)	not available	14.7
1982/83	7,192 (1982)	not available	16.5
1983/84	7,047 (1983)	17,917 (1983)	18.0
1984/85	7,763 (1984)	20,130 (1984)	22.5
1985/86	10,450	22,714 (1985)	27.0
1986/87	not available	not available	32.0 (projected)

Source: Alberta Community and Occupational Health, Coordinated Home Care Unit.

The majority of home care clients have always been older people. As shown in Figure II-13, as of March 31, 1985, 82.7 percent were persons aged 65 and over (9,365 of the 11,316 clients); and the majority of these seniors were women (Table II-26).

TABLE II-26

COORDINATED HOME CARE PROGRAM; DISTRIBUTION OF CURRENT CLIENTS AGED 65+ BY AGE GROUP AND SEX, ALBERTA, MARCH 31, 1985

Age	Clients Male #	Female #	Total #	%
65 - 74	820	1,742	2,562	22.6
75 - 84	1,298	3,046	4,344	38.4
85+	755	1,704	2,459	21.7
65+	2,873	6,492	9,365	82.7
TOTAL			11,316	100

Source: Alberta Community and Occupational Health, Coordinated Home Care Unit.

Information from the Home Care Unit indicates that, as of December 1986, these numbers had grown to 13,700 persons, 85 percent of whom were senior citizens.

In line with the health problems of the elderly noted earlier, the major health problems of all clients in the program as of December 31, 1985 were circulatory, muskuloskeletal, and metabolic endocrine-related.[47] About two-fifths of all clients admitted to the program between January 1 and December 31, 1984 were referred by physicians (Table II-27) and in 1984/85 almost 47 percent were in hospitals when referred (Table II-28).

TABLE II-27

COORDINATED HOME CARE PROGRAM; DISTRIBUTION ACCORDING TO REFERRAL SOURCES OF ADMITTED CLIENTS, ALBERTA, JANUARY 1, 1984 TO DECEMBER 31, 1984

Referral Source	Number of Clients	% of Clients
Staff of Facility	3,007	23.35
Self/Family/Friend	2,382	18.50
Physician	5,315	41.28
Local Health Authority Staff	555	4.31
Other Coordinated Home Care Program	306	2.38
Other Agency	1,196	9.29
Other/Unknown	115	.89
TOTAL	12,876	100

Source: Alberta Community and Occupational Health, Coordinated Home Care Unit.

TABLE II-28

COORDINATED HOME CARE PROGRAM; LOCATION UPON REFERRAL OF ADMITTED CLIENTS, ALBERTA, 1984-85

Location	%
General Hospital	46.66
Private Dwelling	43.43
Lodge	7.13
Other Residential Facility	2.11
Auxiliary Hospital	.44
Nursing Home	.21
Psychiatric Hospital	.03

Source: Alberta Community and Occupational Health, Coordinated Home Care Unit

[47] Alberta Community and Occupational Health, Coordinated Home Care Unit.

In 1984/85 the largest number of persons were discharged from home care either because they no longer needed the service or they or their families could manage the care (Table II-29).

TABLE II-29

COORDINATED HOME CARE PROGRAM; REASON FOR DISCHARGE, ALBERTA, 1984/85

Reasons	Total Reasons
No Longer Requires Any Service	2,818
Individual/Family Can Manage Care	3,045
Medical Service No Longer Required	908
Individual/Family Refused Service	242
Admitted to Health Care Facility	2,168
Moved	626
Deceased	1,561
Requires Services Not Provided	169
Home Care Insufficient Resources	65
Not Approved/Authorized by Physician	16
Other	441
All Reasons	12,059

Source: Alberta Community and Occupational Health, Coordinated Home Care Unit.

As of March 1985, the three most common services provided by Coordinated Home Care Program were nursing (57 percent of total services), homemaking and home health aide (34 percent) and rehabilitation (9 percent). Clients may have received more than one type of service (Figure II-14).

As can be seen in Table II-30 the largest group of clients in the Coordinated Home Care Program, (about 40 percent) were on the program for an average length of close to 1,000 days. Twenty percent of the clients, the second largest group, were assisted for 121-240 days or an average of 173 days. Although total costs for those requiring long-term care were of course higher, the daily cost was lowest for this group of clients.[48]

[48] From the Annual Report of the Coordinated Home Care Program, 1984-85; the average length of stay is calculated from the admission date and March 31, 1985. Costs are for client-related services; cost per day is the total cost divided by the number of days on a program. No differentiation is made for the number of days that a client may have been "on hold" (e.g. in hospital for a short stay or visiting a relative in another location). "Current clients" includes both "active" and "inactive" clients. (This latter term refers to those not receiving a service.)

TABLE II-30

COORDINATED HOME CARE PROGRAM; COST AND LENGTH OF STAY STATISTICS, ALBERTA, MARCH 31, 1985,

Days on Program	# of Clients (current)	% of Clients	Cost Per Client	Cost Per Day	Average Length of Stay Days
1-10	341	3.01%	$ 43.88	$7.55	6.0
11-30	737	6.52%	121.54	6.28	19.0
31-60	1,010	8.93%	206.72	4.65	44.0
61-120	1,423	12.58%	345.84	3.89	89.0
121-240	2,199	19.44%	633.26	3.66	173.0
241-365	1,251	11.06%	992.75	3.32	299.0
365+	4,350	38.46%	2,286.40	2.41	950.0
[All Groups]	11,311	100.00%	$1,182.43	$2.64	449.0

Source: Alberta Community and Occupational Health, Coordinated Home Care Unit.

It is suggested that the actual cost is probably higher; in the calculation of the costs no differentiation is made for clients "on hold." "Inactive" as well as "active" clients are included (see footnote 21).

FIGURE II-13
COORDINATED HOME CARE PROGRAM; AGE DISTRIBUTION
OF CLIENTS, ALBERTA, MARCH 31, 1985

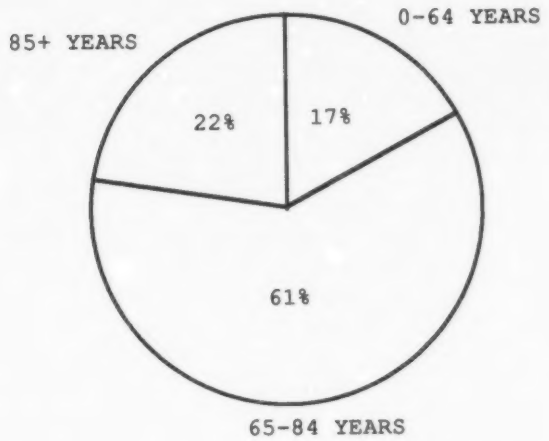
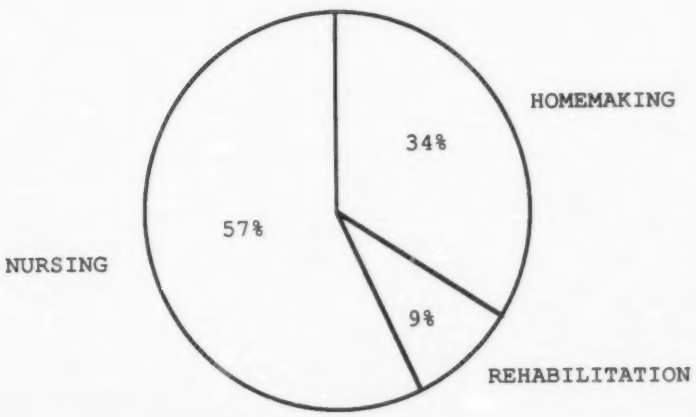


FIGURE II-14
COORDINATED HOME CARE PROGRAM;
UTILIZATION OF SERVICES, NURSING, REHABILITATION AND
HOMEMAKING/HOME HELP,
ALBERTA, MARCH 1985



Source: Alberta Community and Occupational Health, Coordinated Home Care Unit.

Other Support Services

A number of important home-delivered support services for frail older persons are funded through the Family and Community Support Services Program (FCSS), a joint effort of the Department of Community and Occupational Health.

These programs are dependent on municipal initiative (see description in the section on General Programs). It is difficult to know the extent of their availability, coverage and expenditures. It is estimated that in 1983/84 the expenditure in provincial dollars for them was about $2 million.

The services (see Table II-23) included homemaking, outreach and friendly visiting, meals-on-wheels, handyman help, counselling and transportation. In many instances the Coordinated Home Care Programs contracted with the FCSS programs for these services, which are so crucial in meeting the needs of elderly persons who are frail and disabled. Often the ability of an older person to live "independently" depends on the availability of these non-medical services.

Mental Health Services (clinics)

Mental health clinics (56 in all) are operated by the Department of Community and Occupational Health under the direction of the Regional Mental Health Offices. Persons aged 65 and over represented a small percentage (5 percent) of all persons served by the mental health clinics (Tables II-31 and 32). However, the 1984/85 figure of 5.6 percent of the caseload contacts was an increase from the 3.3 percent figure in 1978/79.[49] In 1984/85 approximately 65 percent of the persons served by the mental health clinics who were aged 65 and over were women (Table II-32).

[49] Senior Citizens Bureau, op. cit.

TABLE II-31

MENTAL HEALTH CLINICS; UTILIZATION BY 0-64 AND 65+ AGE GROUPS, ALBERTA, 1983/84 AND 1984/85

Year	Age Groups	Contacts[a]	
		#	%
1983/84	0 - 64	94,347	94.1
	65+	5,937	5.9
	TOTAL	100,284	100.00
1984/85	0 - 64	102,674	94.4
	65+	6,112	5.6
	TOTAL	108,780	100.00

Source: Alberta Community and Occupational Health, Mental Health Services.

[a]A caseload contact is any contact made by telephone or in person with, or on behalf of, a client.

TABLE II-32

MENTAL HEALTH CLINICS; CASELOAD BY AGE GROUP (AT REGISTRATION) AND SEX, ALBERTA, 1983/84 - 1984/85

Year		< 64		65 - 74		75+		TOTAL	
		#	%	#	%	#	%	#	%
1983/84	M	8,147	95	219	3	170	2	8,536	100
	F	11,690	95	373	3	261	2	12,324	100
	T	19,837	95	592	3	431	2	20,860	100
1984/85	M	8,255	96	195	2	158	2	8,612	100
	F	11,738	95	370	3	284	2	12,392	100
	T	19,993	95	565	3	442	2	21,004	100

Source: Alberta Community and Occupational Health, Mental Health Services.

Adult Day Programs and Day Hospitals

Day Programs--Adult day programs or day care programs provide planned social and recreational group activities, some personal care and some health services, on a daily basis and for a continuing period of time. The target group consists of persons with a degree of physical and/or psychosocial disability. These conditions tend to result from debilitating, deteriorating and/or chronic conditions which are severe enough to make these people candidates for institutional care. The purpose of such programs is to maintain people at their optimum functioning level, provide relief for caregivers and prevent and/or retard institutionalization.[50]

In 1986 Alberta had one full-time day program operated in Edmonton by a voluntary association. Each of three sites offered services for 20 persons two days a week thus serving a total of 100 persons. There were part-time programs operated by the Victorian Order of Nurses in Medicine Hat, Grande Prairie and Lethbridge and a part-time program sponsored by the senior centre in St. Albert. The Cross Bow Day Hospital in Calgary had a day program one day a week. In addition, according to a survey conducted by the Senior Citizens Secretariat in 1984, seven nursing homes provided day services to a very few persons. These day patients were provided with meals, baths and social activities.

[50]The Interdepartmental Committee on Long-Term Care has prepared a paper outlining some guidelines for adult day programs (1986); the paper is available from the Senior Citizens Secretariat.

Each of the three extended care facilities operated by Mental Health Services, Department of Community and Occupational Health, has a day program (see discussion under "Other Special Care Facilities").

The Edmonton program received funding (1985 budget, $106,000) from the Home Care Unit and the City of Edmonton Family and Community Support Services Program. Users paid $3.00 a day to cover meal costs.[51]

Day Hospitals--Day hospitals provide rehabilitation services, usually on a short-term basis, to persons with physical and/or mental disabilities who are in need of diagnosis, treatment and rehabilitation.

Of the five Alberta day hospitals three, the ones at Glenmore, Cross Bow and Fanning Extended Care Centres (the latter for depressed elderly only), are located in Calgary; the other two are at Dickensfield Extended Care Centre and the Youville Geriatric Services of Edmonton General Hospital in Edmonton. The expenditures for them in 1983/84 were approximately $1.6 million. Funding was provided by the Department of Hospitals and Medical Care as part of the hospitals' global budgets. The programs served about 107 persons a day.[52]

According to the survey made in 1984 by the Senior Citizens Secretariat, four other auxiliary hospitals had very few persons coming on a daily basis (no formal programs) who received meals, personal care and rehabilitation therapy.

Residential and Care Facilities

Lodges

Lodges are residential facilities providing room and board to senior citizens who do not wish to (or cannot) handle their own housekeeping. The provincial government (Alberta Housing and Mortgage Corporation) builds the lodges which generally range from 45 to 65 beds in size; 57 municipally-appointed boards, called foundations, are responsible for the management and the setting of guidelines and regulations. Municipalities are also responsible for the operating deficits. (Above a certain deficit level, some funding is available from the Corporation.)

As of July 1986, Alberta had 135 lodges with 6,753 beds available for use. (In 1978 there were 111 lodges with 6,069 beds.) There were also 514 cottage units on the grounds of the various lodges. It is of interest that since the beginning of the lodge program, a total of 7,823 beds have been built. However, a number of the double rooms in older lodges are being

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[51] Alberta Community and Occupational Health, Home Care Unit.

[52] Alberta Hospitals and Medical Care.

converted to single rooms as older people are increasingly expressing a preference for private accommodation.[53]

Lodges are located primarily in the rural areas of the province. There are relatively few in Edmonton and Calgary in proportion to the senior population in these cities.

In January 1986, the overall vacancy rate in lodges was 11.9 percent and in July 1986 there was a 13.2 percent vacancy rate.[54] Increased income support, increased subsidized apartment housing and community social and health programs for seniors may well have had an effect on the use of lodges. Some lodges had fairly large numbers of vacancies; others had waiting lists.

There have been several surveys and reports on the lodge program. The 1978 survey found that the average age of residents was 80.6 years and that close to 25 percent of the residents used physical aids. The major aid used was a cane.[55]

Information from the Mortgage and Housing Corporation indicates that in 1986 the median age of lodge residents was 81.3 years. Women were 60.4 percent of the residents; single people comprised 84.5 percent of the residents (that is they were widowed, never married, divorced or separated). Twenty-five percent used physical aids, the major one being a cane. Sixty-three percent (62.9 percent) were receiving income supplementation. Prior to coming to the lodge, 65 percent had been living with a spouse or alone and 19 percent with other family members. Fifty-four percent (53.6 percent) had been living in their own homes, 11.7 percent renting privately and 8.8 percent renting a senior citizen's apartment.

The Alberta Health Facilities Review Committee conducted a survey of the lodges and concluded in its 1982 Report:

> This survey makes it clear that the role of lodges today is not the role that was intended when they were first established two decades ago. Lodge residents do not simply need housing, housekeeping and meals. Now, in addition to these services they frequently need help with their basic health care needs. The majority of lodges have at least 10 percent of residents needing help with medications and/or with bathing. As well, one third of lodges have at least 10 percent of residents assessed and waiting for nursing homes or auxiliary hospitals. These numbers seem likely to increase in the future.[56]

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[53] Alberta Mortgage and Housing Corporation.

[54] Ibid.

[55] Alberta Housing and Public Works, "Senior Citizens Lodge Study," March 1979.

[56] Alberta Health Facilities Review Committee, Survey of Alberta Senior Citizens Lodges, June 1982. The 1985 Report of the Committee has a discussion paper on the lodge program.

As of April 1986, the maximum charge for a lodge resident was $497 a month for a large single room, $425 per month for a single room and $382 each for a shared double room. Maximum rates are set by an Order-in-Council of the Provincial Cabinet.

The 1985/86 capital budget for the lodge program was $4.5 million. The operating deficit was $12.6 million (65.1 percent paid by municipalities, 34.9 percent by provincial government).[57]

Other Residential Facilities

In addition to lodges a number of residential facilities, owned and operated by voluntary associations, provide room and board and some care to older persons. Admissions are determined by each home, and the fees paid by residents vary from home to home. The smallest facility had 16 beds and the largest 170 beds. Most of these are licensed under the Social Care Facilities Act.

Some public funding is being provided to eight of these institutions by the Unique Homes Assistance Program, administered by the Department of Municipal Affairs ($.55 million in 1985/86). In 1986 these eight institutions had 380 older residents.[58]

Nursing Homes

> Nursing homes provide supervised, personal care for persons who are not ill enough to require hospitalization in a general or auxiliary hospital, but require assistance in coping with activities of daily living. There are three kinds of nursing home ownership in Alberta--private, voluntary and district. Under the Alberta nursing home plan, eligible Alberta residents receive per diem benefits in those homes which are under contract with the Minister of Hospitals and Medical Care to provide care under the terms and provisions of the Nursing Homes Act.[59]

As of March 31, 1986 there were 87 contract homes with 7,815 beds. They were operated under different jurisdictions (34 by private enterprise, 14 by voluntary organizations and 39 by District Boards). They varied in size from

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[57]Alberta Mortgage and Housing Corporation.

[58]Alberta Municipal Affairs, Unique Homes Assistance Program. These eight unique homes were: the Salvation Army Home, Edmonton; the Salvation Army Home, Calgary; Emmanuel Home, Edmonton; Mennonite Home for the Aged, Coaldale; Bethany Home, Calgary; Hythe Pioneer Lodge, Hythe; Haven of Rest, Medicine Hat; Good Shepherd Lutheran Home, Wetaskiwin. Additional homes for the elderly are: Ukrainian Home of the Holy Eucharist, Edmonton; St. Joseph's Home for the Aged, Medicine Hat; Canterbury Court, Edmonton; Trinity Lodge, Calgary.

[59]Alberta Hospitals and Medical Care, Annual Report, 1984/85.

20 to 248 beds. The average percentage occupancy in nursing homes in 1984/85 was 97.6 percent.[60]

Seven homes operated by private enterprise, 7 by religious organizations and 29 by Nursing Home and Auxiliary Hospital Districts qualified for accreditation from the Canadian Council on Hospital Accreditation in 1984/85.[61]

Over the period 1980/81 to 1984/85 the age structure of patients in nursing homes remained relatively stable. The age group 65 and over comprised 91.4 percent of the total nursing home population in 1980/81 and 92.5 percent in 1984/85. The percentage for the age group 85 and over remained the same (41.7 percent) in 1980/81 and 1984/85; however, women comprised a slightly higher proportion at the last reporting date. In the other age groups the male/female ratio in the nursing homes remained fairly constant (Table II-33 and Figure II-15).[62]

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[60] Ibid.

[61] Ibid.

[62] A survey conducted by the Provincial Mental Health Advisory Council in 1980 provides some additional information on the characteristics of nursing home patients. At that time staff of nursing homes described 33 percent of the patients as being "mentally distrubed."

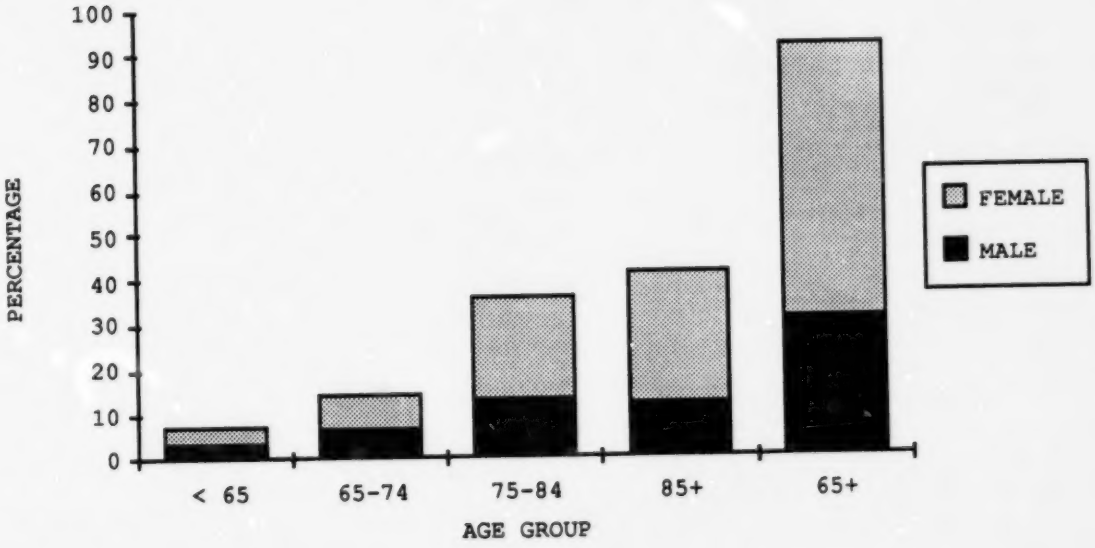
TABLE II-33

NURSING HOME RESIDENTS; DISTRIBUTION BY AGE GROUP AND SEX, ALBERTA, MARCH 31, 1981 AND MARCH 31, 1985

Age	Male		Female		Total	
	#	%	#	%	#	%
1981						
< 65	291	4.1	317	4.5	608	8.6
65 -74	453	6.4	573	8.1	1,026	14.5
75 -84	854	12.1	1,632	23.1	2,486	35.2
85+	902	12.8	2,040	28.9	2,942	41.7
TOTAL 65+	2,209	31.3	4,245	60.1	6,454	91.4
ALL AGES	2,500	35.4	4,562	64.6	7,062	100.0
1985						
< 65	267	3.5	301	4.0	568	7.5
65 - 74	469	6.2	625	8.3	1,094	14.5
75 -84	976	12.9	1,766	23.4	2,742	36.3
85+	882	11.7	2,272	30.1	3,154	41.7
TOTAL 65+	2,327	30.8	4,663	61.7	6,990	92.5
ALL AGES	2,594	34.3	4,964	65.7	7,558	100.0

Source: Alberta Hospitals and Medical Care, Annual Reports, 1980/81, 1984/85.

FIGURE II-15
NURSING HOME RESIDENTS; DISTRIBUTION BY AGE GROUP
AND SEX, ALBERTA, 1984/85



Source: Alberta Hospitals and Medical Care, Annual Report, 1984/85.

In 1984/85, 41 percent of the admissions to nursing homes were from general hospitals and 33 percent from private homes (Table II-34). Of the separations, 34 percent were due to death, 24 percent were transfers to general hospitals, and only 9 percent were discharges to private homes (Table II-35). There was little change between 1978/79 and 1984/85 in the source of admissions; separations showed slightly larger percentages due to transfers to general and auxiliary hospitals and smaller percentages due to death.

TABLE II-34

NURSING HOME RESIDENTS; ADMISSIONS BY PREVIOUS LOCATION, ALBERTA, 1978/79, 1979/80, 1983/84, 1984/85

		Gen. Hosp.	Aux. Hosp.	Alta Hosp.	Other N. Home	Other Lodge	Priv. Home	Other	Tota
1978/79	#	961	258	56	125	211	776	50	2,43
	%	39	11	2	5	9	32	2	10
1979/80	#	1,020	265	60	188	218	866	56	2,67
	%	39	10	2	7	8	32	2	10
1983/84	#	1,204	325	38	263	251	956	71	3,10
	%	39	10	1	8	8	31	2	10
1984/85	#	1,225	327	9	257	122	1,011	73	3,12
	%	41	11	<1	9	4	33	2	10

Source: Alberta Hospitals and Medical Care, Hospital Care in Alberta: Statistical Supplements for the Years Ended March 31, 1979; 1980; 1984; and 1985.

TABLE II-35

NURSING HOME RESIDENTS; SEPARATIONS BY DESTINATION
ALBERTA, 1978/79, 1979/80, 1983/84

		Gen. Hosp.	Aux. Hosp.	Alta Hosp.	Other N. Home	Lodge	Priv. Home	Death	Other	Total
1978/79	#	476	287	9	170	41	245	1,079	100	2,437
	%	19	12	2	7	2	10	44	4	100
1979/80	#	535	381	33	236	44	209	1,005	97	2,540
	%	21	15	1	9	2	8	40	4	100
1983/84	#	578	438	49	359	66	292	1,030	74	2,886
	%	20	15	2	12	2	10	36	3	100
1984/85	#	697	481	32	328	77	273	1,004	57	2,949
	%	24	16	1	11	3	9	34	2	100

Source: Alberta Hospitals and Medical Care, Hospital Care in Alberta Statistical Supplement for the Years Ended March 31, 1979; 1980; 1984; and 1985.

As of January 1, 1987 residents of nursing homes pay $14.00 a day for a standard room, $16.25 for a semi-private room and $20.25 for a private room. The provincial per diem subsidy per patient is $39.00 for homes with up to 45 beds, $37.50 for homes with 46 to 90 beds and $36.00 for homes with 90 and over beds.

The public expenditures for operating support for nursing homes are shown in Table II-36; in 1985/86 the average per diem departmental support was $40.06.[63]

[63] Alberta Hospitals and Medical Care.

TABLE II-36

NURSING HOMES; BEDS, AVERAGE OCCUPANCY (PERCENT), EXPENDITURES FOR OPERATING SUPPORT, ALBERTA 1978/79 TO 1984/85

Year	Beds	Average Occupancy %	Expenditures $ million
1978/79	7025	99.2	45.0
1979/80	7135	99.1	49.9
1980/81	8255	96.5	54.8
1981/82	7286	98.4	66.0
1982/83	7340	98.9	85.6
1983/84	7590	97.9	95.5
1984/85	7694	97.6	104.6
1985/86	7815	[a]	111.0

Source: Public Accounts of Alberta, Volume II, 1978/79 - 1985/86. Alberta Hospitals and Medical Care, Annual Reports, 1978/79 - 1984/85; 1985/86, Alberta Hospitals and Medical Care.

[a]Average occupancy not yet calculated.

Auxiliary Hospitals

> Auxiliary hospitals are designed and operated for persons, usually chronically ill or disabled, who require a less intensive level of care than is provided in general hospitals. For some, treatment results in rehabilitation to a point that return to the community or transfer to a nursing home or other residential facility is possible. For others, nursing and medical care is provided for an extended period, even though there is little prospect of rehabilitation.[64]

There were 4,839 auxiliary hospitals beds in 43 auxiliary hospitals and 22 active treatment hospitals as of March 31, 1986. The auxiliary hospitals are operated by voluntary organizations and district boards; another is under municipal and two others are under provincial government authorities.[65]

As of March 31, 1985, 3,962 patients were resident in the auxiliary hospitals (Table II-37). Persons aged 65 and over accounted for the majority of the patients, 79.6 percent. In comparison with the patient structure in nursing homes, auxiliary hospitals had a larger proportion of younger patients and a greater proportion of men.

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[64]Alberta Hospitals and Medical Care, 1984/85, op. cit.

[65]Alberta Hospitals and Medical Care.

Between 1981 and 1985 the percentage of persons 65 years and over in the auxiliary hospitals dropped very slightly. Older persons used 80.8 percent of the patient days in 1984/85 and 81.5 percent in 1980/81 (Tables II-38 and 39). Persons aged 75 and over used the majority of these days, and more of these days were used by women. Of the patient days used by persons under 65 years of age, the majority of these days were used by men in both 1980/81 and 1984/85.

TABLE II-37

AUXILIARY HOSPITAL PATIENTS; DISTRIBUTION BY AGE GROUP AND SEX, ALBERTA, MARCH 31, 1981 AND MARCH 31, 1985

	Age Group	Male		Female		Total	
		#	%	#	%	#	%
1981	< 65	293	22.1	305	14.7	598	17.6
	65 - 74	248	18.7	299	14.4	547	16.1
	75 - 84	452	34.1	620	29.9	1,072	31.6
	85+	332	25.1	849	41.0	1,181	34.8
	TOTAL 65+	1,032	77.9	1,768	85.3	2,800	82.4
	ALL AGES	1,325	100.0	2,073	100.0	3,398	100.0
1985	< 65	388	25.6	372	15.2	807	20.4
	65 - 74	317	20.9	391	16.0	708	17.9
	75 - 84	479	31.6	892	36.4	1,371	34.6
	85+	330	21.8	793	32.4	1,123	28.3
	TOTAL 65+	1,126	74.4	2,076	84.8	3,155	79.6
	ALL AGES	1,514	100.1	2,448	100.0	3,962	100.0

Source: Alberta Hospitals and Medical Care, Annual Reports, 1980/81, 1984/85.

TABLE II-38

AUXILIARY HOSPITAL PATIENTS; UTILIZATION OF PATIENT DAYS[a] BY AGE GROUP AND SEX, ALBERTA, 1980/81

Age Group		Days	
< 65	Male	175,3[illegible]	
	Female	20,013	
	TOTAL	195,374	18.5
65 - 74	Male	76,014	
	Female	67,933	
	TOTAL	143,947	13.7
75 - 84	Male	152,363	
	Female	155,265	
	TOTAL	307,619	29.2
85+	Male	173,675	
	Female	233,059	
	TOTAL	406,734	38.6
65+	Male	402,052	
	Female	456,248	
	TOTAL	858,300	81.5
TOTAL ALL AGES	Male	577,413	
	Female	476,261	
	TOTAL	1,053,674	100.0

Source: Alberta Hospitals and Medical Care, Systems and Data Processing; Professional Activity Survey (PAS) file based upon separation data (file not fully edited).

[a]Total number days stay from admission for separations in that fiscal year.

TABLE II-39

AUXILIARY HOSPITALS; UTILIZATION OF PATIENT DAYS
BY AGE GROUP AND SEX, ALBERTA, 1984/85

Age Group		Total Days #	Total Days %
< 65	Male	138,650	
	Female	130,638	
	TOTAL	269,288	19.2
65 - 74	Male	114,284	
	Female	132,443	
	TOTAL	246,727	17.4
75 - 84	Male	171,677	
	Female	306,041	
	TOTAL	477,718	33.6
85+	Male	121,951	
	Female	302,169	
	TOTAL	424,120	29.9
65+	Male	407,912	
	Female	740,653	
	TOTAL	1,148,565	80.8
TOTAL ALL AGES	Male	546,472	
	Female	871,289	
	TOTAL	1,417,761	100.0

Source: Alberta Hospitals and Medical Care, unpublished data, 1986.

As of 1986, three auxiliary hospitals had special units for older people with special problems (dementia): Bethany Centre, Calgary; Lynnwood, Edmonton; Queen Elizabeth, Grande Prairie.[66]

Auxiliary hospital patients do not have to pay a resident charge for the first 120 days of care; this is because some patients are in auxiliary hospitals for a brief period of rehabilitation and must during that time maintain their own households. After 120 days they are charged $14.00 a day for a standard room and $20.25 for a private room, rates as of January 1, 1987.

[66] Ibid.

As would be expected, the operating support for auxiliary hospitals increased between 1978/79 and 1985/86 (Table II-40). The average per diem departmental support was $98.45 in 1985/86.[67]

TABLE II-40

AUXILIARY HOSPITALS; BEDS, AVERAGE OCCUPANCY (PERCENT), EXPENDITURES FOR OPERATING SUPPORT, ALBERTA, 1978/79 - 1984/85

Year	Beds	Average Occupancy %	Expenditures $ million
1978/79	3085	92.3	56.86
1979/80	3285	95.3	57.6
1980/81	3505	93.9	69.45
1981/82	3808	88.8	90.49
1982/83	3982	91.5	128.0
1983/84	4057	94.2	150.8
1984/85	4136	94.1	164.5
1985/86	4839	[a]	176.0

Source: Public Accounts of Alberta, Volume II, 1978/79 - 1985/86. Alberta Hospitals and Medical Care, Annual Reports, 1978/79 - 1984/85

[a]Average occupancy not yet calculated.

Although older individuals use a large proportion of the patient days, there is as yet only one major specialized service providing assessment and rehabilitation for older persons who have multiple problems requiring the skills of a multidisciplinary team. The geriatric assessment and rehabilitation hospital (Youville) attached to Edmonton General Hospital, which opened in April 1982, is the first of its kind in the province.

Other Special Care Facilities

The two mental hospitals, Alberta Hospital (Ponoka) and Alberta Hospital (Edmonton), operating under boards and relating to the Department of Hospitals and Medical Care, have some patients in the 65 and over age group. In 1985/86 there were 379 beds designated for psychogeriatric care (212 beds in Edmonton, 167 beds in Ponoka). It is interesting to note that while only a small percentage of the clinic caseload was with the elderly, persons aged 65 and over used about one-third of the patient days in these two hospitals in 1983/84 (Table II-41).

[67]Alberta Hospitals and Medical Care.

The user charge after 120 days is $14.00 a day for a patient admitted on a voluntary basis.

TABLE II-41

MENTAL HEALTH HOSPITALS; SEPARATIONS AND DAYS STAY FOR THE 0 - 64 AND 65+ AGE GROUPS ACCORDING TO SEX, ALBERTA, 1983/84

Age Group	Separations		Days	
	#	%	#	%
0 - 64	1,823	89.5	260,539	67.5
65+	215	10.5	125,736	32.5
TOTAL	2,038	100.00	386,275	100.00

Source: Alberta Hospitals and Medical Care, unpublished data, 1986.

There are three long-term care institutions (called extended care centres) for persons with varying degrees of mental dysfunctioning. Operated by Mental Health Services, Department of Community and Occupational Health, they are Rosehaven Care Centre in Camrose, Claresholm Care Centre in Claresholm and Raymond Home in Raymond.

In March 1985 they had a total of 551 patients, 72 percent (397 persons) were aged 65 and over. The 1985/86 budget for the three centres was $18 million.[68] (In 1982/83 there were 422 persons aged 65 and over in these centres, and the total expenditure was $15.8 million.)[69]

In 1986, twelve former residents of Raymond Home were living in a cooperative housing project in Raymond. Raymond Home was also operating a day program for which there was no charge.

Rosehaven Centre, too, had a day program (33 persons daily) for which there was no charge. It had six beds for respite care for which the charge was $14.00 a day, as well as a short stay and assessment unit.

Claresholm Care Centre included two seniors in its day program and there was no charge to users.

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[68] Ibid.

[69] Senior Citizens Bureau, op. cit.

Michener Centre, an institution in Red Deer for mentally-retarded persons, is operated by the Department of Social Services. In 1986 it had 153 residents aged 65 and over.[70]

Table II-42 provides information on the estimated number of persons aged 65 and over who were staying in residential (board and room) and care facilities for at least six months or longer in 1985/86.

TABLE II-42

ESTIMATED NUMBER OF PERSONS 65+ IN RESIDENTIAL AND CARE FACILITIES, ALBERTA, 1985/86

Lodges (88 percent occupancy)	5,943
Unique Homes	380
Nursing Homes (93 percent 65+)	7,268
Auxiliary Hospitals (80 percent 65+)	3,871
Extended Care Centres (72 percent 65+)	397
Michener Centre (12 percent 65+)	153
Alberta Hospitals, Edmonton and Ponoka (39 percent 65+)	379
Other residential/care facilities[a]	417
TOTAL	18,808

Source: See respective sections in the paper.

[a]The "other" facilities for the elderly are:
Canterbury Court, Edmonton (146 beds)
Trinity Lodge, Calgary (170 beds)
Ukrainian Home for the Holy Eucharist, Edmonton (42 beds, 3 vacancies)
St. Joseph's Home for the aged, Medicine Hat (67 beds, 4 vacancies)

This table does not include persons age 65 and over staying in active treatment hospitals for more than 6 months.

Office of the Public Guardian

The Office of the Public Guardian is administered under Alberta Social Services. It provides, through the Dependent Adults Act, a legal means of support and protection by a guardian for a person 18 years of age or over who is unable to care for himself, unable to make reasonable judgements in respect

[70]Alberta Social Services.

to all or any of the matters relating to his person and is in need of a guardian. The appointment of a guardian must be made by the Surrogate Court of Canada. The Office of the Public Guardian has five regions--Northern, Central, Michener, Calgary and Southern.

The Office was established in the fall of 1978. Data of October, 1986 indicate there were 3,134 persons aged 65 and over in Alberta who had been declared dependent adults; 626 were under the public guardian, 2,180 had private guardians and 328 were under joint guardianship (private/public alternate or private/private alternate). These older persons were 47.5 percent of the 6,590 dependent adults in Alberta. The vast majority of these seniors, 77 percent, had been declared dependent adults due to "diseases of the aging process" (Figure II-16, Tables II-42 and 43).

As can be seen in Tables II-42 and 43, a larger proportion of these dependent older persons were under private guardianship. Somewhat over one-third (36 percent) of these seniors were in the northern region of the province.

In 1986/87 the Office provided grants to ten voluntary organizations and one municipality; for a total of $208,033.

The Community Involvement Programs in all of these agencies provided support to guardians and potential guardians of the elderly. Three of the funded agencies dealt primarily with individuals who provide care and support to the elderly: the Society for the Retired and Semi-Retired, the Alzheimer Society for Lethbridge and Area, and the Volunteer Centre of Calgary. The funding for Community Involvement Programs run by these three agencies was $85,635.

TABLE II-43

DEPENDENT ADULTS; BY AGE AND TYPE OF GUARDIAN,
ALBERTA, NOVEMBER 1986

Age	Public/Joint[a]	Private/Joint[b]
65+	626 + 9	2,180 + 319
36 - 64	563 + 3	724 + 183
18 - 35	495 + 12	854 + 622
TOTAL	1,684 24	3,758 1,124

Source: Alberta Social Services, Office of the Public Guardian.

[a]Joint applications with public guardian as the alternative guardian.

[b]Joint applications with second private guardian as the alternate guardian.

TABLE II-44
DEPENDENT ADULTS; AGE 65+ BY TYPE OF GUARDIAN, DIAGNOSIS, AND REGION, ALBERTA, OCTOBER 1986

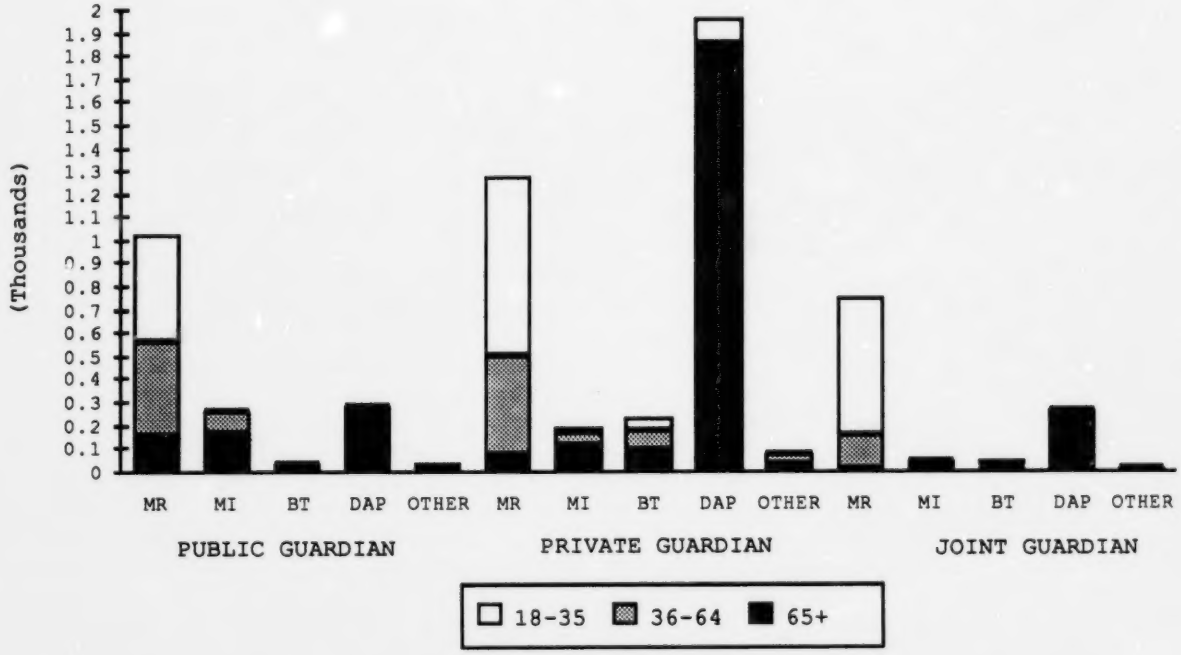
Type of Guardian	Region	Diagnosis: not given	MR	MI	BT	DAP	Other	Total
Public	A	1	14	28	2	75	2	122
	B	-	17	60	1	84	2	164
	C	-	114	-	-	-	-	114
	D	1	8	18	5	82	10	124
	E	-	3	59	1	38 ([a]1)	1	102
	Total	2	156	165	9	279	15	626
Private	A	-	25	37	56	743	17	878
	B	-	12	41	13	482	2	550
	C	-	26	-	-	-	-	26
	D	5 ([a]1)	7 ([a]1)	18	15 ([a]1)	510 ([a]26)	14 ([a]1)	569
	E	-	4 ([a]1)	18	8	127 ([a]2)	-	157
	Total	5	74	114	92	1,862	33	2,180
Joint	A	-	2	15	6	112	3	138
	B	-	-	3	-	63	2	68
	C	-	3	-	-	-	-	3
	D	-	8 ([a]4)	6	1	64	3	82
	E	-	1	4	3	29 ([a]1)	-	37
	Total	-	14	28	10	268	8	328
TOTAL	A	1	41	80	64	930	22	1,138
	B	-	29	104	14	629	6	782
	C	-	143	-	-	-	-	143
	D	6	23	42	21	656	27	775
	E	-	8	81	12	194	1	296
	Total	7	244	307	111	2,409	56	3,134

([a])Age unknown, 65+ Region: A - Northern, B - Central, C - Michener, D - Calgary

Diagnosis: MR - mental retardation, MI - mental illness, BT - brain trauma, DAP - disease of aging process

Source: Alberta Social Services, Office of the Public Guardian

FIGURE II-16
DEPENDENT ADULTS; BY AGE, DIAGNOSIS AND TYPE OF GUARDIAN
(PUBLIC, PRIVATE AND JOINT), ALBERTA, OCTOBER 1986



MR - mental retardation
BT - brain trauma
MI - mental illness
DAP - diseases of the aging process

Source: Alberta Social Services, Office of the Public Guardian

Efforts Toward Coordination in the Provision of Long-Term Care Services

Within the past three years, as the result of recommendations made to the provincial Government (particularly in the 1982 Report of the Nursing Home Review Panel),[71] a start has been made toward greater coordination in the planning and delivery of home care, day care/day hospitals, nursing homes and auxiliary hospitals which are often referred to as "long-term care services or "continuing care." (It should be noted, however, that these services are also available and used appropriately on occasion on a short-term basis.)

The provincial Government established the Interdepartmental Committee on Long-Term Care which consists of senior officials from the Departments of Community and Occupational Health, Hospitals and Medical Care, Municipal Affairs, Social Services, and the Alberta Mortgage and Housing Corporation. These Departments (with the exception of Social Services) are responsible for the Coordinated Home Care Program, lodges, nursing homes and auxiliary hospitals (see Appendix A). The services are delivered through local boards with varying degrees of autonomy; voluntary organizations and private enterprise bodies are also involved.

Through the cooperation and involvement of local boards, the Interdepartmental Committee on Long-Term Care is testing a model for coordinated assessment and placement services for long-term care.[72] The two pilot areas are the Foothills Health Unit and Calgary (the area covered by Calgary Auxiliary Hospital and Nursing Home District #7 now called Carewest). The period of testing is to be two years (1986-1988).

A single point of entry, one point of contact within an area for long-term care services, is the objective. It is felt that this greater coordination will reduce confusion for older people and their families, eliminate the duplication that now exists and ensure that all options have been explored in providing older people with appropriate help.

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[71] Alberta Hospitals and Medical Care, Report and Recommendations, Alberta Nursing Home Review Panel, March 1982.

[72] The model being tested is described in the paper, "An Assessment/Placement Model for Long-Term Care Services," Approved by the Interdepartental Committee on Long-Term Care, October 1984 (edited January 1985). Also being developed and tested are an assessment and placement tool and a patient classification tool. Also assisting in this pilot testing of the model are the Health Unit Association of Alberta, the Alberta Hospital Association and the Alberta Long-Term Care Association.

III. PROVINCIAL STRUCTURES AND ASSOCIATIONS

Provincial Government Structures

Senior Citizens Secretariat

The Senior Citizens Secretariat was established in late 1975 and at that time was called the Senior Citizens Bureau. Its mandate was announced in the Speech from the Throne in January 1975:

> to act as an information centre and assist in the planning and coordinating of programs and services.

In 1986, the Government placed the Secretariat (with a staff of five) under the responsibility of a Member of the Legislature who reports to the Legislature through the Minister of Social Services. This step was taken in order to ensure responsiveness to the concerns and interests of senior citizens and senior citizens' organizations.

The Secretariat has three main functions:

1) to gather and provide information relating to seniors;
2) to provide consultation services and temporary grants, and
3) to assist in the planning and coordination of policies and programs relating to older people.

In its information function, the Secretariat provides information about benefits and services for seniors, about the aging process and the needs of older people and work with older people, as well as population and service utilization data relating to the elderly.

It responds to telephone and written requests and publishes a variety of informational materials: for example, an annual booklet, Programs for Seniors; a bimonthly newsletter, the Fact Sheet; and a bi-annual "profile" of the elderly with population and service utilization data. Each year there are usually a number of papers published which are of interest to older people and to those working with them.[73]

In 1986, there were 8,101 requests for information, some of which were handled on the telephone and many of which required the mailing of information materials. Almost half of the requests came from older people and about one-fourth came from agency and professional people concerned with seniors. Other than requests for general information, finances and housing were the major concerns. Figure III-1 shows the general increase in requests since

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[73] In addition to the papers already mentioned in the footnotes, the Secretariat has published a programs booklet for Native seniors, a paper discussing issues relating to Native seniors, the booklet Programs for Seniors translated into French, Ukrainian, German and Chinese, and kits: "Understanding and Working with Older People" and "Guidelines for Senior Centres."

1981/82 (from 4,262 to 8,101) and Figure III-2 the monthly pattern of requests in 1986.

A number of services and program initiatives on the part of senior citizens' organizations and community services working with seniors have been made possible through the consulting and temporary grant support from the Secretariat. Temporary grants for special projects, education in gerontology and research on aging have been provided. In 1985/86 a total of $344,482 was provided in grants, including the annual operating grant to the Alberta Council on Aging. Several workshops were funded, several individuals received education grants, one of the special project grants was for a survey of seniors in a rural community and there were seven grants-in-aid of research on aging. Table III-1 shows the funding provided in grants from 1979/80 to 1986/87.

The Secretariat also works with various government departments which have responsibility for programs relating to older people, assisting in the planning and coordination of policies and programs. It convenes an Interdepartmental Coordinating Committee on Senior Citizens which meets about six times a year for the purpose of information sharing. It assists with the work of the Interdepartmental Committee on Long-Term Care (see Section II for a description of the work of this Committee).

TABLE III-1

SENIOR CITIZENS SECRETARIAT; FUNDING PROVIDED IN GRANTS, 1979/80 TO 1986/87

Year	Amount of Funding
1979/80	246,491
1980/81	262,943
1981/82	324,500
1982/83	374,040
1983/84	341,000
1984/85	301,055
1985/86	344,482
1986/87	246,769[a]

[a]Grants were frozen as of the middle of November 1986 in line with the fiscal restraint program of the Government

FIGURE III-1
SENIOR CITIZENS SECRETARIAT;
INFORMATION REQUESTS[a]
1981 TO 1986

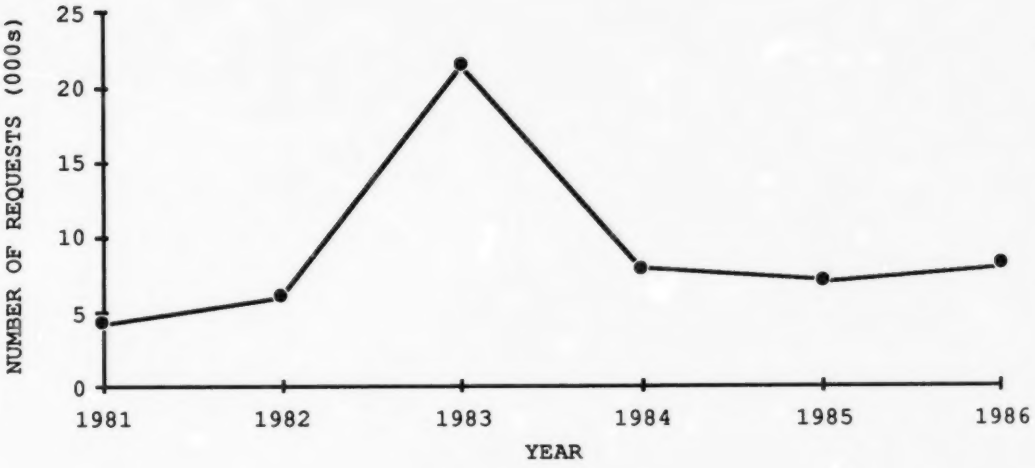
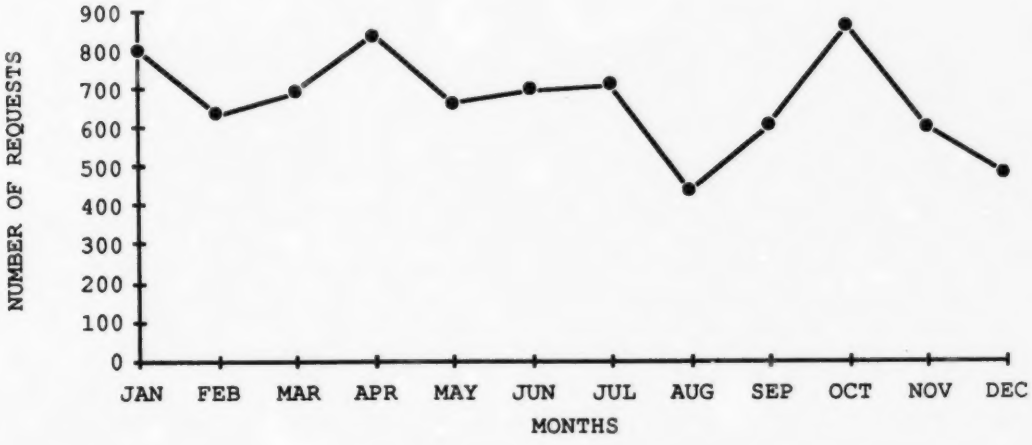


FIGURE III-2
SENIOR CITIZENS SECRETARIAT;
MONTHLY INFORMATION
REQUESTS, 1986



[a]The large number of requests in 1983 resulted from special advertising of the Secretariat's Programs for Seniors booklet by another agency.

Provincial Senior Citizens Advisory Council

The Senior Citizens Secretariat also provides the staff services for the Provincial Senior Citizens Advisory Council, established in 1976. The chairman of the Council is the Member of the Legislature who is responsible for the Secretariat, and the members of the Council, mainly senior citizens appointed by the Minister of Social Services. The Council's major purpose is to provide advice to the Government on programs and services for the elderly; it submits an annual report containing recommendations to the Government.

The Council has been particularly concerned about the need for an expanded and comprehensive home care program and about the need for greater coordination of the services used by older persons with special needs, advocating a single point of entry for these services. It has also been concerned about the education of persons working with older people, about housing and about an adequate income support and pension system.

In June 1982, the Council sponsored the Alberta Symposium on Aging, which brought together knowledgeable Albertans, including retired persons, to discuss issues relating to older persons. The proceedings of this symposium, which contains a variety of comments and observations, were published.

Provincial Associations

The Alberta Council on Aging (ACA)

The Council is a province-wide organization of senior citizens, senior citizens centres, and individuals interested in aging. Founded in 1966, the Council is concerned with the process of aging and improving the situation of older people; it encourages active senior participation in the development of policy and programs in health care, the arts, education, senior centres, community development, transportation, crime prevention and education. Its monthly newsletter keeps people up-to-date on concerns.

The Council has sponsored many projects, and in 1986 was involved in a retired volunteer consultant project (seniors assisting seniors' groups) which was supported by funding from the Wild Rose Foundation, New Horizons and the Senior Citizens Secretariat. It is also sponsoring the "Healthy Aging" project which, with a grant from Health and Welfare Canada, is training retired persons to do health promotion work with seniors.

A number of research projects sponsored by the Council, for example "The Continuum of Care for Senior Adults in Alberta," have led to improvements in services for older people. On a continuing basis the Council monitors developments relating to seniors, researching and developing papers and briefs and, as appropriate, submitting briefs to all three levels of government. With funding primarily from Health and Welfare Canada, the Council sponsored a major demonstration/research project ("Project Involvement") which examined ways of involving seniors effectively in their communities. One of its major involvements now is supporting and promoting the One Voice movement, which is forming a national coalition of seniors.

The Council receives a basic operating grant from the Senior Citizens Secretariat and raises additional funds through donations and through conducting pre-retirement seminars and workshops.

As of 1986, the Council had a membership of 2,079 individuals and 432 organizations, primarily senior citizens' organizations.[74]

The address of the Council is Room 390, First Edmonton Place, 10665 Jasper Avenue, Edmonton, Alberta, T5J 3S9.

Canadian Pensioners Concerned (Alberta Division)

Pensioners Concerned (Alberta Division) is a part of a national organization, Canadian Pensioners Concerned. Chapters were started in Alberta in 1970. Membership is open to individuals, senior citizens groups and organizations.

Pensioners Concerned concentrates its activities specifically in the area of financial concerns and problems of pensioners, as the members feel that the area of financial concern requires specialized attention. To achieve its aims, Canadian Pensioners Concerned becomes involved in researching areas of need, anomalies, discrepancies and general financial interest related to older people. It monitors legislation passed or proposed and makes its findings known by briefs and presentations to whichever government is involved. Its work is carried on by volunteers. It receives donations from members and the community and on occasion has received some help from the federal Government New Horizons program. A newsletter is published four times a year.[75]

The address is 3626 - 113 Avenue, Edmonton, Alberta, T5W 0P8.

Alberta Pensioners and Senior Citizens Organization

This Alberta organization was founded in Lethbridge in 1942 and is a member of the National Pensioners and Senior Citizens Federation. It is concerned about pensions and other issues affecting the elderly.

The organization has 22 local chapters with memberships ranging from 50 to 200 persons. These chapters meet regularly and hold an annual provincial meeting at which resolutions are proposed, voted on and forwarded to appropriate bodies.[76]

The address is P.O. Box 10, Picture Butte, Alberta T0K 1V0.

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[74]Alberta Council on Aging, 1986.

[75]Canadian Pensioners Concerned (Alberta Division).

[76]Alberta Pensioners and Senior Citizens Organization.

Alberta Association on Gerontology (AAG)

Started in 1980, the Alberta Association on Gerontology (AAG) is a voluntary organization of persons interested in aging and in older people. Many of its 325 members (as of 1986) were working with the elderly.

Its major purposes are information exchange, education, the promotion of research and the increasing of public awareness of issues related to gerontology. The Association publishes a quarterly newsletter (February, May, August and November). There are four main committees: research, outreach, publications and public relations. A major project in 1986 was the Substance Abuse Project, carried out in cooperation with the Alberta Alcoholism and Drug Abuse Commission.

Each year the Association sponsors a provincial workshop in conjunction with its annual meeting. In 1986 the workshop dealt with cultural diversity and aging. Regional workshops are also held. The Association receives ad hoc grants to support these educational programs and raises funds through registrations and memberships.

The address of the Association is c/o Centre for Gerontology, Room B-03B, Cameron Library, University of Alberta, Edmonton, Alberta, T6G 2J8.

Alberta Senior Citizens Sport and Recreation Association

The Senior Citizens Sport and Recreation Association was formed in 1980 with the purpose of promoting and supporting recreation and fitness development for adults aged 55 and over. It promotes a healthy lifestyle for older adults which emphasizes the profitable use of leisure time.

Branches exist in each of the eight Alberta Games zones where senior volunteers promote, develop and organize playoff activities leading to the Alberta Senior Games which were held in Grande Prairie and in which over 1,000 seniors participated in 23 different sports events. The Association co-sponsors these Games with the Alberta Sports Council and the Department of Recreation and Parks. Participation and sport development is encouraged not only for the Seniors' Games but on a continuing basis.

With grants from the Department of Recreation and Parks, the Association provides leadership workshops, instructional demonstrations and resource people to develop and promote a variety of games and a range of other recreational activities, such as performing arts.

A monthly news magazine keeps members, both individuals (3,400 persons) and clubs (about 105 representing 13,000 seniors) up-to-date. There are eight associate members (municipal Parks and Recreation Departments).

The major thrusts for coming years are to promote a Winter Games for Seniors in odd years (the Summer Games are in even years) and to initiate a national Seniors' Summer Games in 1989.

The Association obtains operating funds from the Department of Recreation and Parks, the Alberta Sports Council and through fund-raising activities, including donations and membership.

Its address is #890, Alberta Place, 1520 - 4th Street, S.W., Calgary, Alberta, T2R 1H5.

Alberta Interfaith Coalition on Aging

The purpose of the Alberta Interfaith Coalition on Aging is to give support and encouragement "to our respective communities of faith in their response to the spiritual and social well-being of the older adult."[77]

The Coalition started in June 1977 when a small group of people met in Edmonton to plan a seminar related to aging and older people for the religious community. From the seminar the Edmonton Interfaith Committee on Religion and Gerontology was formed. The Committee, in the following years, sponsored a number of workshops and seminars. On July 28, 1982, the Coalition was incorporated as a provincial body with the purpose of developing a province-wide organization which would provide education programs and leadership development, resource material and a speakers bureau. The Coalition also has an advocacy role and encourages dialogue and outreach to all groups working with the elderly. It stresses that the spiritual concerns of older persons are important to their well-being and health.

The Coalition has held two major conferences on the spiritual well-being of the elderly, one in June 1981 and one in June 1984. The proceedings of these conferences, Seniors Alive: The Challenge to the Religious Community and the Helping Professions (1981) and Seniors Alive! Conference 2, The Caring Community (1984) are available. The Coalition continues to assist in developing regional workshops and also distributes information on aging to religious congregations. There is a board of 16; the membership consists of 30 groups and between 100 and 200 individuals.

The address for the Coalition is P.O. Box 8143, Station F, Edmonton, Alberta, T6H 4N9.

Alberta Gerontological Nurses Association (AGNA)

The Alberta Gerontological Nurses Association was formed in 1982 as an interest group of the Alberta Association of Registered Nurses; it is now in the process of being incorporated. Its purpose is to educate nurses about aging and the needs of older people and to encourage them to act as advocates for older people. Regional workshops are held and through the organization there is exchange of information and mutual support. AGNA is affiliated with the Canadian Gerontological Nurses Association.

Membership is open to all registered nurses, and associate membership is available to retired and graduate nurses. As of 1986 about 140 nurses were members.

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[77] Alberta Interfaith Coalition on Aging, from "Seniors Alive"! Conference 2, The Caring Community Proceedings, June 13-15, 1984, Edmonton, Alberta.

The address is c/o the Alberta Association of Registered Nurses, President, AGNA, 11620 - 168 Street, Edmonton, Alberta, T5M 4A6.

Alberta Society for Geriatric Medicine

The Alberta Society for Geriatric Medicine was incorporated in November 1983. Its purposes are (1) to improve the quality of care of the elderly; (2) to increase education for physicians in relation to geriatric medicine; (3) to facilitate research in relation to the needs of the elderly; and (4) to act as a resource for information for provincial and national government-planning bodies.

Membership in the Society (now 100) is open to all physicians. One-day workshops are held twice a year at which time scientific papers are presented.

The address of the Secretary-Treasurer of the Society is 2929 Lindstrom Drive, Calgary, Alberta, T3E 6E5.

Major Local Organizations

The major senior citizens centres have an influential role. In addition to working with the Alberta Council on Aging and other organizations, they also deal frequently with issues concerning seniors, presenting briefs to local, provincial and federal Governments. They have been involved with the One Voice movement coordinated by the Alberta Council on Aging and have assisted in the local organizing of this movement.

Of particular note are the Society for the Retired and Semi-Retired in Edmonton, Kerby Centre in Calgary, the Lethbridge Senior Citizens Organization, the Veiner Centre in Medicine Hat, and the Golden Circle in Red Deer. In Calgary the Senior Citizens Central Council, consisting of representatives of senior groups has also been involved in information provision and advocacy.

APPENDIX A

CHARTS SHOWING PROVINCIAL GOVERNMENT DEPARTMENTS AND THE SERVICES RELEVANT TO OLDER PERSONS WHICH THEY PROVIDE

COMMUNITY AND OCCUPATIONAL HEALTH

MINISTER: THE HONOURABLE JIM DINNING

COORDINATED HOME CARE PROGRAM

- PROVIDES HOME-DELIVERED HEALTH AND SUPPORT SERVICES
- PERSONS PAY A SMALL AMOUNT FOR SUPPORT SERVICES IF NOT ON GIS
- DEPARTMENT PROVIDES 100% FUNDING TO 27 HEALTH UNITS WHICH OPERATE THE PROGRAM
- 13,700 PERSONS, AGE 65+ WERE RECEIVING HOME CARE SERVICES AS OF DECEMBER 31, 1986 (85% OF ALL THOSE ON HOME CARE)
- ADMISSION DETERMINED BY HEALTH UNIT UNDER A REGULATION WHICH ALSO REQUIRES THAT NURSING AND HOMEMAKER HELP BE AVAILABLE; OTHER SERVICES OPTIONAL, THEREFORE PROGRAMS VARY ACROSS THE PROVINCE

ACT: PUBLIC HEALTH ACT, COORDINATED HOME CARE REGULATION

1985/86 EXPENDITURES, $27 MILLION
1986/87 RECEIVING INCREASE OF 18%, OR $5 MILLION

COMMUNITY HEALTH NURSING SERVICES

- COMMUNITY HEALTH NURSES PROVIDE HEALTH ASSESSMENT, SCREENING, SURVEILLANCE AND COUNSELLING, COMMUNICABLE DISEASE CONTROL, AND INDIVIDUAL OR GROUP HEALTH EDUCATION IN CLINICS AND HOMES
- DEPARTMENT PROVIDES 100% FUNDING TO THE 27 HEALTH UNITS WHICH PROVIDE PROGRAMS
- ON THE AVERAGE 7-8% OF THE NURSES' DIRECT SERVICE TIME IS WITH PERSONS 65+; SENIORS HEALTH PROGRAMS VARY, DEPENDENT ON DEMANDS IN THE COMMUNITY AND AVAILABLE STAFF

ACT: PUBLIC HEALTH ACT

1985/86 BUDGET $23.4 MILLION
1986/87 BUDGET $23.6 MILLION FOR ALL COMMUNITY HEALTH NURSING SERVICES

FAMILY AND COMMUNITY SUPPORT SERVICES

- FUNDS MANY SUPPORT SERVICES FOR 65+
- DEPARTMENT PROVIDES 80% FUNDING ON A PER CAPITA BASIS TO MUNICIPALITIES WHO IN TURN FUND SENIORS' PROJECTS, INCLUDING SENIOR CENTRES (82 IN 1985), INFORMATION SERVICES, HOMEMAKERS, OUTREACH VISITING
- EACH MUNICIPALITY DETERMINES WHAT TO FUND, SO SERVICES VARY ACROSS THE PROVINCE

ACT: FAMILY AND COMMUNITY SUPPORT SERVICES ACT

1985/86 BUDGET $25.3 MILLION
20-30% (ESTIMATE) FOR SENIORS' PROJECTS

1986/87 BUDGET ESTIMATES $31.6 MILLION

COMMUNITY AND OCCUPATIONAL HEALTH - CONTINUED

MENTAL HEALTH SERVICES

- PROVIDE MENTAL HEALTH SERVICES IN CLINICS (DRUG THERAPY, COUNSELLING)
- NO CHARGE FOR SERVICE
- STAFF IS EMPLOYED BY THE DEPARTMENT
- 5.6% OF THE TOTAL CLIENTELE SERVED DURING THE 1984/85 FISCAL YEAR WERE 65+
- THREE INSTITUTIONS (ROSEHAVEN, CLARESHOLM AND RAYMOND) OPERATED BY DEPARTMENT; 72% OF THE 551 PATIENTS WERE 65+ AS OF MARCH 1985
- 32 COMMUNITY RESIDENTIAL AND 23 DAY PROGRAMS OPERATED BY NON-PROFIT SOCIETIES; APPROXIMATELY 5% OF PEOPLE SERVED BY THESE FUNDED AGENCIES WERE 65+ AS OF MARCH 1985

ACT: MENTAL HEALTH ACT

1985/86 BUDGET FOR ALL CLINIC SERVICES $17 MILLION;
FOR THREE INSTITUTIONS $18 MILLION;
FOR FUNDED AGENCIES $7 MILLION

EXTENDED HEALTH BENEFITS

- COVER THE COST UP TO AN ESTABLISHED AMOUNT FOR HEARING AIDS, AIDS FOR DAILY LIVING AND SURGICAL SUPPLIES FOR 65+

ACT: PUBLIC HEALTH ACT,
ALBERTA AIDS TO DAILY LIVING AND
EXTENDED HEALTH BENEFITS REGULATION

1985/86 EXPENDITURES $20 MILLION FOR
47,000 CLIENTS 65+

HOSPITALS AND MEDICAL CARE

MINISTER: THE HONORABLE MARVIN MOORE

NURSING HOMES

- PROVIDE PERSONAL CARE WITH NURSING SUPERVISION, BOARD AND ROOM
- PERSONS PAY $14 - $20.25 A DAY
- DEPARTMENT PROVIDES A PER DIEM SUBSIDY TO 87 CONTRACT HOMES WITH 7,815 BEDS, 92.5% OF RESIDENTS 65+ (2% VACANCY RATE) MARCH 31,1985
- HOMES OPERATED BY DISTRICTS, VOLUNTARY ORGANIZATIONS, PRIVATE ENTERPRISE MUST MEET REGULATIONS OF THE ACT
- LOCAL AUXILIARY HOSPITAL AND NURSING HOME DISTRICTS (80 BOARDS) ADVISE ON ADMISSION TO HOMES AND NEED FOR BEDS

ACT: NURSING HOME ACT AND REGULATIONS

1985/86 BUDGET ESTIMATE

$111 MILLION (OPERATING)

AUXILIARY HOSPITALS

- PROVIDE SKILLED NURSING AND MEDICAL SERVICES, BOARD AND ROOM
- PERSONS PAY $14 - $20.25 A DAY (FIRST 120 DAYS STAY NO CHARGE)
- AS OF MARCH 1985 THERE WERE 4,839 AUXILIARY BEDS; AN ESTIMATED 79.6% OF PATIENTS 65+
- HOSPITALS OPERATED BY VOLUNTARY ORGANIZATIONS AND DISTRICTS UNDER HOSPITALS ACT
- LOCAL DISTRICT BOARDS ADVISE ON ADMISSION AND NEED FOR BEDS

ACT: HOSPITALS ACT

1985/86 BUDGET 176 MILLION (OPERATING)

15.2 MILLION (CAPITAL) ESTIMATE

BLUE CROSS PACKAGE

- COVERS THE COST UP TO AN ESTIMATED LIMIT FOR DENTAL SERVICES AND FOR EYE GLASSES; BLUE CROSS PACKAGE COVERS 80% OF PRESCRIPTION DRUG COSTS AMBULANCE SERVICES AND A FEW OTHER BENEFITS.
  188,923 65+ COVERED, MARCH 1985, 50% OF TOTAL

ACT: ALBERTA HEALTH CARE INSURANCE PLAN

1984/85 EXPENDITURES: 37 MILLION (ESTIMATE FOR 65+)

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ALBERTA HOSPITALS
EDMONTON AND PONOKA

- PROVIDE TREATMENT AND CARE FOR MENTALLY-ILL PATIENTS
  379 BEDS FOR GERIATRIC CARE
  (1,072 TOTAL BEDS)

ACT: MENTAL HEALTH ACT

1985/86 BUDGET ESTIMATES, 70.1 MILLION

HOSPITALS AND MEDICAL CARE - CONTINUED

MEDICAL SERVICES

- THE ALBERTA HEALTH CARE INSURANCE PLAN COVERS THE COST OF MEDICAL SERVICES; SENIORS AND THEIR DEPENDENTS DO NOT PAY FOR THE PREMIUMS.
- IN 1984/85 MEN 65+ USED, ON AVERAGE, 17.8 MEDICAL SERVICES AND WOMEN 18.7 SERVICES; AVERAGE EXPENDITURE, $392.83 FOR MEN AND $379.73 FOR WOMEN.

ACT: ALBERTA HEALTH CARE INSURANCE PLAN ACT

TOTAL BUDGET FOR 1984/85, **$496.3**

$ 73 MILLION WAS SPENT ON PERSONS 65+

HOSPITAL SERVICES

- PROVIDES STANDARD WARD HOSPITALIZATION TO IN-PATIENTS AND MEDICALLY NECESSARY GOODS AND SERVICES TO OUT-PATIENTS.
- SENIORS AND DEPENDENTS DO NOT PAY PREMIUMS.
- IN 1984/85 65+ COMPRISED 19% OF ALL CASES IN ACUTE HOSPITALS AND USED 35% OF TOTAL HOSPITAL DAYS.

ACT: HOSPITALS ACT, ALBERTA HOSPITALIZATION BENEFITS REGULATIONS

BUDGET: $1.2 BILLION (OPERATING)

ESTIMATE FOR SENIORS: $371.4 MILLION (OPERATING)

EXTENDED HEALTH BENEFITS

- COVERS THE COST (UP TO AN ESTABLISHED LIMIT) FOR DENTAL SERVICES AND FOR EYE WEAR FOR 65+ AND DEPENDENTS AND FOR WIDOWS/WIDOWERS 55-64 YEARS RECEIVING THE ALBERTA WIDOWS PENSION AND THEIR DEPENDENTS.

ACT: ALBERTA HEALTH CARE INSURANCE PLAN ACT

BUDGET: 1985/86, $26 MILLION
1986/87, $35.9 MILLION

MUNICIPAL AFFAIRS

MINISTER: THE HONOURABLE NEIL CRAWFORD

HOUSING: UNIQUE HOMES

- DEFICIT FUNDING PAID TO 8 "LODGES" PROVIDING BOARD AND ROOM TO SENIORS AND OPERATED BY VOLUNTARY ORGANIZTIONS
- ALL RESIDENTS 65+ (380)
- 1985/86 EXPENDITURES, $550,932
- 1986/87 BUDGET ESTIMATES, $850,000

ACT: DEPARTMENT OF HOUSING ACT REGULATION 204

HOUSING: SENIORS HOME IMPROVEMENT GRANT

- GRANTS OF UP TO $3,000 PAID TO SENIOR HOMEOWNERS WITH INCOMES UNDER $23,000; TO BE USED FOR HOME IMPROVEMENTS
- 57,586 GRANTS PROVIDED BETWEEN DECEMBER 31/82 AND JUNE 30/86

EXPENDITURES FOR ABOVE PERIOD
$160.8 MILLION
1986/87 BUDGET: $27.3 MILLION

ACT: DEPARTMENT OF HOUSING ACT
HOUSING GRANTS REGULATION 204/84

MORTGAGE AND HOUSING CORPORATION: APARTMENTS: (SELF-CONTAINED UNITS)

- SUBSIDIZED APARTMENTS, RENTED TO SENIORS, 25% GROSS MONTHLY INCOME
- 432 PROJECTS WITH 13,405 APARTMENTS, (VACANCY RATE 11.4%) AS OF MAY 1986
- 1985/86 CAPITAL BUDGET, $16 MILLION
- 1985/86 OPERATING DEFICIT (1/3 REIMBURSED BY FEDERAL GOVERNMENT) $74 MILLION

NOTE:

ALSO 1,351 APARTMENTS (19 PROJECTS) BUILT WITH 1/3 GRANTS FROM ALBERTA MORTGAGE AND HOUSING CORPORATION AND RENTED AT A FLAT RATE BELOW MARKET RENTALS

ACT: ALBERTA MORTGAGE AND HOUSING CORPORATION ACT

MORTGAGE AND HOUSING CORPORATION: LODGES

- PROVIDE BOARD AND ROOM TO SENIOR CITIZENS
- BUILT BY PROVINCE, OPERATED BY MUNICIPALITIES WHO COVER MOST OF OPERATING COSTS (NOT CAPITAL COSTS)
- RESIDENTS PAY FROM $382 TO $497 A MONTH (1987)
- 135 LODGES WITH 6,753 BEDS, 1986 (13.2% VACANCY) AS OF JULY 1986
- 1985/86 CAPITAL BUDGET $4.5 MILLION
- 1985/86 OPERATING DEFICIT, $12.6 MILLION

NOTE:

THERE ARE 514 COTTAGE UNITS WITH LODGES; THESE ARE RENTED AT A FLAT RATE BELOW MARKET RENTALS.

ACT: SENIOR CITIZENS HOUSING ACT

MUNICIPAL AFFAIRS - CONTINUED

PROPERTY TAX REDUCTION BENEFITS

- PROVIDE UP TO $1,000 ANNUALLY IN PROPERTY TAX REDUCTIONS FOR SENIOR HOMEOWNERS

- EXPENDITURES FOR APRIL 1985 TO THE PRESENT (JULY 1986) WERE $53.3 MILLION FOR 89,79 SENIORS PROPERTY TAX REDUCTIONS; BUDGET FOR 1986/87, $66.1 M

ACT: DIVISION 1, SECTION 4 - 15
PROPERTY TAX REDUCTION ACT

RENTERS GRANTS

- $1,200 ANNUALLY PROVIDED TO SENIORS RENTING PRIVATELY OWNED APARTMENTS, $600 TO THOSE IN LODGES AND SUBSIDIZED APARTMENTS, AND TO MOBILE HOMEOWNERS ON RENTED LAND ($1,000)

- 42,605 GRANTS FROM APRIL 1985 TO PRESENT (JULY 1986) PROVIDED; EXPENDITURES WERE $41.3 MILLION FOR THESE GRANTS; 1986/87 BUDGET $42.8 M

ACT: DIVISION 2, SENIOR CITIZENS
RENTERS' ASSISTANCE GRANTS
SECTION 16 - 20,
PROPERTY TAX REDUCTION ACT

SOCIAL SERVICES

MINISTER: THE HONOURABLE CONNIE OSTERMAN

ALBERTA ASSURED INCOME PLAN (AAIP)

- INCOME SUPPLEMENT PAID TO LOWER INCOME PENSIONERS RECEIVING THE FEDERAL (GIS) SUPPLEMENT; APPLICATION MADE TO FEDERAL GOVERNMENT
- RANGE OF SUPPLEMENT $10 TO $95, DEPENDING ON OUTSIDE INCOME REPORTED TO THE FEDERAL GOVERNMENT
- 87,570 PERSONS RECEIVING AAIP, DECEMBER 1985, 47.8% OF ALL OLD AGE SECURITY (OAS) RECIPIENTS

ACT: SENIOR CITIZENS BENEFITS ACT

1985/86 EXPENDITURES $61.7 MILLION

ALBERTA ASSURED INCOME FOR THE SEVERELY HANDICAPPED

- PAID TO SEVERELY HANDICAPPED PERSONS WITH NO OR LITTLE INCOME; VERY FEW 65+ ELIGIBLE BECAUSE OF FEDERAL AND PROVINCIAL INCOME SUPPORT PROGRAMS FOR 65+
- 251 PERSONS 65+ ON PROGRAM, IN APRIL 1986

ACT: ALBERTA ASSURED INCOME FOR THE SEVERELY HANDICAPPED ACT

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SOCIAL ALLOWANCE

- PAID TO PERSONS WHO HAVE NO OR LITTLE INCOME AND ASSETS; VERY FEW 65+ ELIGIBLE BECAUSE OF FEDERAL AND PROVINCIAL INCOME SUPPORT PROGRAMS FOR 65+
- 1,069 PERSONS 65+ ON PROGRAM, APRIL 1986

ACT: SOCIAL DEVELOPMENT ACT, SOCIAL ALLOWANCE REGULATIONS

1985/86 TOTAL EXPENDITURES $461.2 MILLION

PUBLIC GUARDIAN

- PROVIDES, ON THE BASIS OF A COURT DECISION, LEGAL GUARDIANS (PRIVATE OR PUBLIC) FOR DEPENDENT ADULTS
- 3,134 PERSONS AGE 65+ WERE UNDER GUARDIANSHIP AS OF NOVEMBER 1986

ACT: DEPENDENT ADULTS ACT

1985/86 BUDGET ESTIMATES, $3 MILLION

CULTURE

MINISTER: THE HONOURABLE DENNIS ANDERSON

SENIOR CITIZENS FACILITY GRANT PROGRAM

- UPON APPLICATION PROVIDES A GRANT OF $1,000 ANNUALLY TO SENIOR CITIZENS' ORGANIZATIONS AND OTHER BODIES SERVING SENIORS AND UP TO AN ADDITIONAL $3,000 IN MATCHING FUNDS
- TO BE USED TO PURCHASE EQUIPMENT, MAKE RENOVATIONS, ETC.

ACT: DEPARTMENT OF CULTURE ACT

1985/86 EXPENDITURES, $715,342 FOR 345 GRANTS

RECREATION AND PARKS

MINISTER: THE HONOURABLE NORM WEISS

SENIOR CITIZENS SPORT AND RECREATION ASSOCIATION

- VOLUNTARY ORGANIZATION OF SENIORS ENCOURAGING FITNESS AND SPORT
- RECEIVES A BASIC ADMINISTRATION GRANT ANNUALLY AS WELL AS ADDITIONAL AD HOC GRANTS FROM THE RECREATION, PARKS AND WILDLIFE FOUNDATION (DEPARTMENT FUNDED)
- RECEIVES $200,000 BIENNIALLY FOR THE SENIORS' GAMES (COMES THROUGH THE SPORTS COUNCIL FROM THE DEPARTMENT)
- ALSO RECEIVES FUNDS FROM MEMBERSHIPS

DEPARTMENT ALSO PROVIDES GRANTS TO SENIORS' GROUPS FOR LEADERSHIP CLINICS; FUNDS MUNICIPAL SERVICES WHICH SERVE SENIORS

ACT: DEPARTMENT OF RECREATION AND PARKS ACT

TRANSPORTATION AND UTILITIES

MINISTER: THE HONOURABLE AL ADAIR

PUBLIC TRANSPORTATION OPERATING ASSISTANCE GRANT

- PROVIDES TO MUNICIPALITIES ASSISTANCE WITH ESTABLISHING, SUBSIDIZING OR UPGRADING SPECIAL TRANSPORTATION SERVICES FOR SENIOR CITIZENS, THE DISABLED AND THE HANDICAPPED

- PROVIDES $3.00 PER CAPITA TO RURAL MUNICIPALITIES, I.D.'S AND SPECIAL AREAS; $6.00 TO URBAN AREAS OPERATING PARATRANSIT SYSTEMS (ONLY AIRDRIE AT PRESENT); AND $11.00 TO URBAN AREAS WITH PUBLIC TRANSPORTATION SYSTEMS

ACT: DEPARTMENT OF TRANSPORTATION ACT
ALBERTA REGULATIONS 299/75 SCHEDULE 1

1985/86 EXPENDITURES

URBAN - $16,285,308

RURAL - $ 2,310,243

SENIOR CITIZENS' HOME HEATING PROTECTION PROGRAM

- PROVIDES AN ANNUAL REBATE OF $100 TO SENIORS WHO OWN AND LIVE IN THEIR OWN HOMES FOR A LEAST 120 DAYS DURING THE CALENDAR YEAR

ACT: UTILITIES AND TELECOMMUNICATIONS ACT
UTILITIES AND TELECOMMUNICATIONS GRANTS/REGULATIONS - SCHEDULE 6

1985 CALENDAR YEAR EXPENDITURES $8,800,000 FOR 88,000 HOMEOWNERS

ADVANCED EDUCATION

MINISTER: THE HONOURABLE DAVE RUSSELL

EDUCATIONAL OPPORTUNITIES FOR ADULT ALBERTANS

- CREDIT COURSES ARE AVAILABLE ON A TUITION FREE BASIS, OR WITH A MINIMAL REGISTRATION FEE, AT MOST ALBERTA EDUCATIONAL INSTITUTIONS

- MINISTERIAL GRANTS ARE PROVIDED TO THE UNIVERSITIES OF ALBERTA AND CALGARY FOR NON-CREDIT LEARNING EXPERIENCES ON CAMPUS. KERBY CENTRE, A LARGE SENIOR CITIZENS CENTRE IN CALGARY, ALSO RECEIVES A GRANT.

ACT: ADVANCED EDUCATION ACT

1985/86 EXPENDITURES: GRANTS TO
UNIVERSITY OF ALBERTA - $28,350
UNIVERSITY OF CALGARY - $29,520
KERBY CENTRE, CALGARY - $30,000

APPENDIX B

CHRONOLOGICAL LIST OF ALBERTA BENEFITS AND PROGRAMS USED BY OLDER PERSONS BY YEAR STARTED

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CHRONOLOGICAL LIST OF ALBERTA BENEFITS AND PROGRAMS USED BY OLDER PERSONS BY YEAR STARTED

1959 - Lodge program - Alberta Municipal Affairs, Alberta Mortgage and Housing

1964 - Contract Nursing Home Program - Alberta Hospitals and Medical Care

1966 - Alberta Council on Aging organized (voluntary organization).

1969 - First senior centre established (voluntary organization).

Property tax reduction for senior citizens homeowners - Alberta Municipal Affairs

1972 - Rental assistance grants for senior citizens - Alberta Municipal Affairs

Subsidized apartment housing for senior citizens (Alberta Housing Corporation established) - Alberta Municipal Affairs
- Alberta Mortgage and Housing

Senior citizens exempted from premium payments for Alberta Health Care Insurance and Alberta Blue Cross coverage - Alberta Hospitals and Medical Care

1973 - Extended Health Benefits program - Alberta Hospitals and Medical Care, Alberta Community and Occupational Health

Supplement of $10.00 a month for Alberta pensioners receiving the federal supplement - Alberta Social Services

1974 - Further Education Services grants to reduce tuition fees for non-credit courses for adults - Alberta Advanced Education

Three day hospitals, two in Calgary, one in Edmonton - Alberta Hospitals and Medical Care

1975 - Alberta Assured Income Plan (an increase of the earlier income supplement) Alberta Social Services

Operating grant for the Alberta Council on Aging - Senior Citizens Secretariat

Senior Citizens Community Service program: special allocation of Preventive Social Services funding for seniors' projects (1975/76 only); Preventive social services funding continued to support seniors' projects, became the Family and Community Support Services Program. 80% grants to municipalities for "preventive" projects - Alberta Community and Occupational Health

Community Health Nursing: special allocation of funds to ten health units for community health nursing services to older persons - Alberta Community and Occupational Health.

Senior Citizens Bureau established*

1976 - Provincial Senior Citizens Advisory Council appointed by the Minister of Social Services

Senior Citizens' Home Improvement program (grants to homeowners) - Alberta Housing (Finished in 1979)

1978 - The Coordinated Home Care Program - Alberta Community and Occupational Health (CHCP administered by 27 health units)

1979 - Senior Citizens Facility Grant Program - Alberta Culture

Alberta Pioneers' Repair Program (grants to homeowners) - Alberta Housing (Finished in 1982).

Grants to municipalities for transportation for seniors and handicapped - Alberta Transportation and Utilities

1982 - Seniors' Home Improvement Program (grants to homeowners) - Alberta Housing (Finished in 1986)

Senior Citizens' Home Heating Protection Program - Alberta Transportation and Utilities

Youville Wing, Edmonton General Hospital - Alberta Hospitals and Medical Care

1983 - Widows' Pension Program - Alberta Social Services

1986 - Seniors' Home Improvement Program Extension (grants to homeowners) - Alberta Municipal Affairs, Housing Division

* Now Senior Citizens Secretariat. Responsible as of 1986 to Harry E. Alger, M.L.A. Highwood, who reports to the legislature through the Minister of Social Services